

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

JONATHAN RIVERA-PILEROLA, )  
Plaintiff, )  
-vs- ) Case No.  
BOARD OF REGENTS for the ) CIV-21-616 PRW  
OKLAHOMA AGRICULTURAL and )  
MECHANICAL COLLEGES, et al., )  
Defendant. )

VI DEOCONFERENCE DEPOSITION OF  
STEFANO DI CONCETTO, DVM

TAKEN ON BEHALF OF THE PLAINTIFF

ON JUNE 13, 2023

IN TUTTLE, OKLAHOMA

REPORTED BY: LANA L. LEDFORD, CSR (VIA ZOOM)  
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2 (Pages 2 to 5)

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 (VIA ZOOM)  
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1 S T I P U L A T I O N S  
 2 It is hereby stipulated and agreed by  
 3 and between the parties hereto, through their  
 4 respective attorneys, that the videoconference  
 5 deposition of STEFANO DI CONCETTO, DVM may be  
 6 taken on behalf of the Plaintiff on JUNE 13,  
 7 2023, in Tuttle, Oklahoma, by Lana L. Ledford,  
 8 Certified Shorthand Reporter for the State of  
 9 Oklahoma, taken by notice and pursuant to the  
 10 State of Oklahoma Rules of Civil Procedure.  
 11 It is further stipulated and agreed by  
 12 and between the parties hereto, through their  
 13 respective attorneys, that all objections, except  
 14 as to the form of the question and the  
 15 responsiveness of the answer, are reserved until  
 16 the time of trial, at which time they may be made  
 17 with the same force and effect as if made at the  
 18 time of the taking of this deposition.  
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1 STEFANO DI CONCETTO, DVM,  
 2 of lawful age, being first duly sworn, deposes  
 3 and says in reply to the questions propounded as  
 4 follows:  
 5 \* \* \* \* \*  
 6 EXAMINATION  
 7 BY MR. BACH:  
 8 Q Can you state your name for the record,  
 9 please?  
 10 A Stefano Di Concetto.  
 11 Q And Dr. Di Concetto, my name is Jason  
 12 Bach. I'm the attorney for Jonathan  
 13 Rivera-Pierola, and you understand that he's  
 14 brought a lawsuit against Oklahoma State  
 15 University?  
 16 A Yes, I do.  
 17 Q Okay. Have you ever have you ever had  
 18 your deposition taken before?  
 19 A No.  
 20 Q Okay. So there is a court reporter who  
 21 is on -- on screen with us who is going to take  
 22 down everything that's said here today. The oath  
 23 that she administered is the same oath that you  
 24 would take in court.  
 25 Do you understand that?

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| <p>1     A I do.</p> <p>2     <b>Q Okay. If at some point, you know, I ask</b><br/> 3     <b>you, "Is that a yes?" or "Is that a no?", if you</b><br/> 4     <b>say, "Uh-huh" or "Huh-uh", it's essentially, just</b><br/> 5     <b>to try to maybe a clean record here today. So I</b><br/> 6     <b>don't mean any type of disrespect or anything</b><br/> 7     <b>like that, if I -- if I ask you, "Is that a yes</b><br/> 8     <b>or is that a no?" It's just for the purposes of</b><br/> 9     <b>trying to make a clean record here today.</b></p> <p>10    A I understand.</p> <p>11    <b>Q If I ask you a question and you don't</b><br/> 12    <b>understand the question, please feel free to ask</b><br/> 13    <b>me to rephrase it or repeat it. I'm more than</b><br/> 14    <b>happy to do whatever I can do to maybe sure that</b><br/> 15    <b>you understand what it is that I'm asking you.</b><br/> 16    <b>However, if I ask you a question and you answer</b><br/> 17    <b>the question, I'm go to assume that you</b><br/> 18    <b>understood the question.</b></p> <p>19    <b>Is that fair?</b></p> <p>20    A Yes. It is.</p> <p>21    <b>Q What did you do -- other than speaking</b><br/> 22    <b>with counsel, what did you do to prepare for your</b><br/> 23    <b>deposition today?</b></p> <p>24    A I reviewed the notes from the rotation<br/> 25    that was administered virtually when Mr. Pierola</p> | <p>6</p> <p>1     hospitals and a couple of private practices for<br/> 2     the past year and a half or so.</p> <p>3     <b>Q Can you tell me where -- where you did</b><br/> 4     <b>that at?</b></p> <p>5     A Yeah. I did primarily at Tufts<br/> 6     University in Massachusetts. And a couple of<br/> 7     weeks -- every two months, more or less,<br/> 8     depending on when they need it. And then I did a<br/> 9     locum at a private practice in Denver, Colorado,<br/> 10    and one in Houston, Texas.</p> <p>11    <b>Q And when did you start doing that?</b></p> <p>12    A I started do that in August of 2021.</p> <p>13    <b>Q And before that, how were you employed?</b></p> <p>14    A Before that, I was employed by Oklahoma<br/> 15    State University College of Vet -- at the College<br/> 16    of Vet Med.</p> <p>17    <b>Q And what was your position there?</b></p> <p>18    A I was a clinical associate professor of<br/> 19    anesthesiology.</p> <p>20    <b>Q And when did you start that, that</b><br/> 21    <b>position?</b></p> <p>22    A I started in -- I believe it was July<br/> 23    29th or 28th, 2019.</p> <p>24    <b>Q Then when did you leave that position?</b></p> <p>25    A In June 2021.</p>   |
| <p>7</p> <p>1     and a group of students with him were taught<br/> 2     anesthesiology back in 2020.</p> <p>3     <b>Q Okay. And can you tell me which</b><br/> 4     <b>documents you reviewed?</b></p> <p>5     A I reviewed the grading sheet, the<br/> 6     results of the exam for the group, and some of<br/> 7     the cases that I had sent the students to work<br/> 8     on, some of the material that I had saved for<br/> 9     teaching purposes.</p> <p>10    <b>Q Okay. Can you tell me how you're</b><br/> 11    <b>currently employed?</b></p> <p>12    A I am currently working in private<br/> 13    practice -- private veterinary practice at a<br/> 14    referral hospital in Los Angeles, California, as<br/> 15    an anesthesiologist.</p> <p>16    <b>Q And how long have you been there?</b></p> <p>17    A Since April 17, 2023. So less than two<br/> 18    months.</p> <p>19    <b>Q Okay. And how were you employed before</b><br/> 20    <b>that?</b></p> <p>21    A Before that, I was doing what's called<br/> 22    in the medical field locum. So it is sort of<br/> 23    relief work where you are hired on a short<br/> 24    contract. It can vary from one week to a few<br/> 25    weeks. And I worked in academic teaching</p>   | <p>9</p> <p>1     <b>Q Is there any particular reason that you</b><br/> 2     <b>left the -- you left Oklahoma State?</b></p> <p>3     A I -- the primary reason is that I had<br/> 4     always worked in academia since I specialize in<br/> 5     anesthesiology, and a couple of years earlier,<br/> 6     2018, early 2018, I decided to undergo a<br/> 7     licensing exam to be allowed to work in private<br/> 8     practice in North American because I wanted to<br/> 9     have the experience of working in private<br/> 10    practice, and I would not have been able to<br/> 11    without undertaking that licensing exam.</p> <p>12    So when I finally completed the exam,<br/> 13    and I decided -- in the mean time, I had started<br/> 14    working for Oklahoma State University, but when I<br/> 15    was notified that I had passed the exam, I had<br/> 16    already started working at Oklahoma State<br/> 17    University. So I decided to stay. And then<br/> 18    Covid arrived, and it was not possible to go<br/> 19    anywhere.</p> <p>20    <b>Q Okay. Before you were employed at</b><br/> 21    <b>Oklahoma State, how were you employed before</b><br/> 22    <b>that?</b></p> <p>23    A I -- my other job was at Iowa State<br/> 24    University, and in between Iowa State and<br/> 25    Oklahoma State University, I started studying for</p> |

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| <p>10</p> <p>1 the licensing exam and did a couple of locums.</p> <p>2 <b>Q And how long were you at Iowa State?</b></p> <p>3 A I was at Iowa State University from</p> <p>4 October 2014 until July 2017.</p> <p>5 <b>Q Can you give me a brief rundown of your</b></p> <p>6 <b>education? Well, here. Strike that. Back up a</b></p> <p>7 <b>little further here.</b></p> <p>8 <b>Are you originally from the United</b></p> <p>9 <b>States?</b></p> <p>10 A No. I am originally from Italy.</p> <p>11 <b>Q Okay. When did you first come to the</b></p> <p>12 <b>United States?</b></p> <p>13 A I came to the United States in 2007.</p> <p>14 <b>Q Okay. Had you already completed all of</b></p> <p>15 <b>your education by that point?</b></p> <p>16 A I completed my DVM degree in Italy, and</p> <p>17 master of science and an internship in the United</p> <p>18 Kingdom. And then I came to the United States to</p> <p>19 specialize in anesthesiology.</p> <p>20 <b>Q When's the -- all right. Do you have a</b></p> <p>21 <b>recollection of Jonathan?</b></p> <p>22 A What do you mean a recollection? When I</p> <p>23 first met him?</p> <p>24 <b>Q Do you remember him?</b></p> <p>25 A I do. Yes. Yes.</p>  | <p>12</p> <p>1 <b>Then I'll ask you about the Covid situation.</b></p> <p>2 A So in a normal situation, the senior</p> <p>3 students spend a certain amount of time -- weeks</p> <p>4 -- in clinics, and each student gets assigned a</p> <p>5 case that will have to be anesthetized for a</p> <p>6 surgical or a medical procedure. So each student</p> <p>7 is responsible for examining the patient,</p> <p>8 reviewing the patient's history, preparing an</p> <p>9 anesthetic and analgesic plan that then gets</p> <p>10 discussed with the course instructor. Then the</p> <p>11 discussion entails seeing what was right, what</p> <p>12 was wrong, what needed to be change, what the</p> <p>13 student proposed. And this discussion usually</p> <p>14 happens in a group so every student is present</p> <p>15 and can hear what other students say. And then</p> <p>16 eventually, the instructor corrects and makes the</p> <p>17 necessary edits, and then approves the plan. And</p> <p>18 at that point, a technician prepares the drugs,</p> <p>19 and when the time comes, the student is called,</p> <p>20 and with the technician will induce anesthesia in</p> <p>21 the patient and prepare it for surgery.</p> <p>22 So in general, the students, during the</p> <p>23 rotation, have once or twice a day what we call</p> <p>24 rounds where there is a discussion -- questions</p> <p>25 and answers or discussion of topics, and case</p> |
| <p>11</p> <p>1 <b>Q When's the first time that you recall</b></p> <p>2 <b>meeting him?</b></p> <p>3 A The first time I recall meeting him was</p> <p>4 when we started the virtual anesthesia rotation.</p> <p>5 <b>Q Okay. Had you met him in person before</b></p> <p>6 <b>that?</b></p> <p>7 A I don't recall having met him or having</p> <p>8 known -- it is possible that we crossed the paths</p> <p>9 in the hallway if he was in other rotations, but</p> <p>10 I could not match a name with a face because I</p> <p>11 did not know every single student.</p> <p>12 <b>Q Sure. Sure.</b></p> <p>13 <b>And what was the course or the rotation</b></p> <p>14 <b>that you had him in?</b></p> <p>15 A It was anesthesiology.</p> <p>16 <b>Q And can you tell me what that rotation</b></p> <p>17 <b>-- what you do in that rotation?</b></p> <p>18 A Yes. The clinical rotations in the</p> <p>19 final year of vet school are a certain amount of</p> <p>20 weeks. In his case, in Mr. Pierola's case, it</p> <p>21 was three weeks because it was the old</p> <p>22 curriculum. And during this time -- would you</p> <p>23 like to know in a normal situation or during the</p> <p>24 Covid situation?</p> <p>25 <b>Q Let's start with the normal situation.</b></p> | <p>13</p> <p>1 presentation. And that's early in the morning</p> <p>2 and at closing of the day, in the afternoon. And</p> <p>3 in between, the students spend time in the</p> <p>4 operating room with the patient they have been</p> <p>5 assigned to. And they work under the supervision</p> <p>6 of the technician. And then the instructor</p> <p>7 periodically walks in and checks if everything's</p> <p>8 okay, asks questions, and discusses with the</p> <p>9 student how the patient is doing.</p> <p>10 <b>Q Okay. And you said that each student</b></p> <p>11 <b>would have one case per rotation; is that right?</b></p> <p>12 A No. It's -- the number of cases vary.</p> <p>13 Ideally, it's at least one case per day. But</p> <p>14 this is dependent on the caseload. There are</p> <p>15 very busy days where each student may have one</p> <p>16 more than one case per day. It really -- it's --</p> <p>17 see, anesthesia is a support service, so we do</p> <p>18 what other services need. We don't decide. So</p> <p>19 if surgery has scheduled five procedures for that</p> <p>20 day, there will be five cases. And each case</p> <p>21 will have a student assigned. Sometimes, there</p> <p>22 are many cases and the students have to help with</p> <p>23 more than one.</p> <p>24 <b>Q Okay. And when -- when Jonathan was in</b></p> <p>25 <b>your rotation, do you recall when that was?</b></p>                               |

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|---|---|
| <p>14</p> <p>1 A I think it was rotation number 16. So<br/>2 towards the end of the academic year. It may<br/>3 have been April, May -- March, April -- the last<br/>4 week of March and the first two weeks of April,<br/>5 if I recall correctly. Approximately.</p> <p>6 <b>Q Okay. And that was in 2020; is that</b><br/>7 <b>right?</b></p> <p>8 A It was 2020. Yes.</p> <p>9 <b>Q And just for some context, that was</b><br/>10 <b>about a week or so after the Covid lockdown</b><br/>11 <b>began. Is that accurate?</b></p> <p>12 A I seem -- I'm not entirely sure about<br/>13 the dates. I seem to recall that Oklahoma State<br/>14 University went virtual on March 15th -- 13th --<br/>15 March 15th. And so Jonathan's rotation would<br/>16 have started about a week or so -- a week or two<br/>17 after that.</p> <p>18 <b>Q Okay. So that would have been the first</b><br/>19 <b>anesthesia rotation that was entirely virtual.</b></p> <p>20 <b>Is that accurate?</b></p> <p>21 A It was probably the first that was<br/>22 entirely virtual, yes. The previous one may have<br/>23 been partially in person because when we were<br/>24 notified of the Covid -- I would have to recheck<br/>25 the dates. I'm not entirely sure. But I think</p>  | <p>16</p> <p>1 about an hour, depending on the number of cases.</p> <p>2 <b>Q Okay.</b></p> <p>3 A (Audio distortion) the actual</p> <p>4 anesthesia.</p> <p>5 THE REPORTER: Number of cases, and then</p> <p>6 what, Doctor?</p> <p>7 THE WITNESS: Sorry. And then we would</p> <p>8 move to the operating rooms because the patients</p> <p>9 would be anesthetized. So the students would --</p> <p>10 each of them would go to the assigned patient and</p> <p>11 work on the patient with a technician.</p> <p>12 <b>Q (BY MR. BACH) And when would -- when</b><br/>13 <b>would the day end?</b></p> <p>14 A We would then -- again, it would depend<br/>15 on how many cases were still in the operating<br/>16 room in the afternoon. Generally, I tried to<br/>17 round again with the student at approximately<br/>18 4:00, 4:30 p.m., sometimes 5:00 p.m., depending<br/>19 on how many case were still in the operating<br/>20 room.</p> <p>21 <b>Q Okay. And then when you moved to</b><br/>22 <b>virtual type of instruction, how was the day</b><br/>23 <b>structured at that point?</b></p> <p>24 A I tried to maintain the same structure.</p> <p>25 So by and large, I tried to have two meetings per</p>  |
| <p>15</p> <p>1 the one before had started in person and then<br/>2 switched to online because of Covid regulations.</p> <p>3 <b>Q So when Jonathan started the anesthesia</b><br/>4 <b>rotation, what was different about it since it</b><br/>5 <b>was not being held in person at that point?</b></p> <p>6 A What was different is that the teaching<br/>7 context and the teaching material was<br/>8 administered and managed entirely online with a<br/>9 combination of Zoom or Skype calls, and documents<br/>10 that I would send by email and post on the<br/>11 teaching platform that Oklahoma State University<br/>12 was using at that time. So any assignments, any<br/>13 information on cases, any virtual cases would be<br/>14 posted and accessible to the students.</p> <p>15 And what was different is that I also<br/>16 tried to identify resources in the -- in the form<br/>17 of videos available on public platforms like<br/>18 YouTube, that were highlighting specific aspects<br/>19 of anesthesiology in an attempt to replicate what<br/>20 I would have shown in person.</p> <p>21 <b>Q When your rotation was in person, when</b><br/>22 <b>were the students expected to be on site and</b><br/>23 <b>working with you?</b></p> <p>24 A I seem to remember that we met at 7:30<br/>25 from Monday to Friday, and we had rounds for</p> | <p>17</p> <p>1 day which would be in the form of Zoom calls; one<br/>2 in the morning and one in the afternoon. And<br/>3 then simultaneously, I also had to follow the<br/>4 patients in the clinics downstairs. So I would<br/>5 discuss with the technicians and prepare plans.<br/>6 And then if there were any useful teaching<br/>7 moments, I would connect with the students on top<br/>8 of the two daily round sessions and take my<br/>9 computer to the operating rooms to try and show<br/>10 them, perhaps, specific things that we had<br/>11 discussed in rounds. And for example, specific<br/>12 procedures that was easy for me to show via<br/>13 laptop than to try and describe in detail.</p> <p>14 <b>Q Was it an easy process?</b></p> <p>15 A It was challenging for a variety of<br/>16 reasons, primarily, because of the location of my<br/>17 office. It was in another part of the building.<br/>18 Secondly, because there were two veterinary<br/>19 hospitals; one for small animals and one for<br/>20 large animals. And sometimes there were cases<br/>21 going simultaneously so I had to move between one<br/>22 and the other with my telephone or my laptop or<br/>23 both, and rely on Internet connectivity. And<br/>24 sometimes, when you walk and move from one part<br/>25 of the building to the other, the connection is</p> |

6 (Pages 18 to 21)

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| <p>1 unstable.</p> <p>2 <b>Q So you would lose your connection,</b></p> <p>3 <b>basically, on -- on occasion?</b></p> <p>4 A Yeah. Yes.</p> <p>5 <b>Q Were the students in Jonathan's rotation</b></p> <p>6 <b>expected to be available for these Zoom calls?</b></p> <p>7 A Yes. Yes.</p> <p>8 <b>Q What were the hours that they were</b></p> <p>9 <b>expected to be available? Or how did you</b></p> <p>10 <b>determine when they should be available?</b></p> <p>11 A It was the same number of hours that</p> <p>12 they were expected to be available if they had</p> <p>13 been there in person, with some adjustments in</p> <p>14 the sense that we decided not to start as early</p> <p>15 as 7:30. So usually, we would do the morning</p> <p>16 rounds, like, at 8:00 or later. That would give</p> <p>17 me the time to visit with the technicians and see</p> <p>18 what patients were scheduled for the day, and</p> <p>19 prepare, and plan, and then discuss with the</p> <p>20 students.</p> <p>21 <b>Q Were there any -- I know you said that</b></p> <p>22 <b>when -- when the rotation was in person, that</b></p> <p>23 <b>each student would have, you know, at least one</b></p> <p>24 <b>case a day.</b></p> <p>25 <b>When you were doing the virtual</b></p> | <p>1 And they had to come up with a plan that we would</p> <p>2 then discuss in rounds, as if it was a real case.</p> <p>3 <b>Q Okay. And do you recall working with</b></p> <p>4 <b>Jonathan on any of his cases?</b></p> <p>5 A I don't recall the specific cases, but I</p> <p>6 recall Jonathan having been assigned cases like</p> <p>7 everyone else and presenting them in rounds.</p> <p>8 <b>Q And did you have an impression of him as</b></p> <p>9 <b>far as his work quality?</b></p> <p>10 A I'm sorry. I didn't hear. As far as --</p> <p>11 <b>Q His work quality.</b></p> <p>12 A I'm not entirely -- are you talking</p> <p>13 about -- are you asking me what my impression was</p> <p>14 of his level of knowledge? Or his performance?</p> <p>15 <b>Q Let's start with that. How did you feel</b></p> <p>16 <b>about his -- his level of knowledge?</b></p> <p>17 A In terms of virtual case presentation,</p> <p>18 it's a bit difficult to give an assessment</p> <p>19 because a lot of what the student presents has</p> <p>20 already been discussed by another student. So it</p> <p>21 is possible that the assessment of a student's</p> <p>22 knowledge is misleading because the student may</p> <p>23 present information simply because the student</p> <p>24 has already heard another student present them</p> <p>25 and heard that the presentation was correct.</p> |
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| <p>22</p> <p>1 <b>everyone in that rotation was repeating things</b><br/> 2 <b>that they had heard from -- from others?</b></p> <p>3 A I don't know that it would be fair to<br/> 4 say that every student was repeating. There were<br/> 5 certainly students who seemed prompter at<br/> 6 answering and provide additional details that<br/> 7 gave the impression they had a more in-depth<br/> 8 mastery, while there were others who simply<br/> 9 limited themselves to repeating without<br/> 10 expanding.</p> <p>11 <b>Q Did you feel that the rotation was at</b><br/> 12 <b>all compromised because it was not in person?</b></p> <p>13 A I would say that certain aspects of the<br/> 14 rotation were clearly not comparable to an<br/> 15 in-person situation simply because anesthesiology<br/> 16 is -- has a practical component that perhaps is<br/> 17 not easy to replicate online in -- like,<br/> 18 hands-on. And that is why I provided the videos,<br/> 19 hoping that it would give a little bit more of an<br/> 20 idea compared to just a speech.</p> <p>21 <b>Q Okay. And towards the end of the</b><br/> 22 <b>rotation, my understanding is that the rotation</b><br/> 23 <b>actually ended a few hours early.</b></p> <p>24 Is that -- is that fair to say?</p> <p>25 A Yes.</p>   | <p>24</p> <p>1 decided to consult with other more senior<br/> 2 colleagues for advice and -- on what to do. And<br/> 3 I had my initial idea -- I believe it was my<br/> 4 initial idea to terminate the rotation earlier.<br/> 5 And -- and so I did.</p> <p>6 However, I made sure that this early<br/> 7 termination would not impact the integrity of<br/> 8 their learning experience, so I only decided to<br/> 9 cancel the last scheduled rounds which is on a<br/> 10 Friday afternoon. And usually, it's a closing<br/> 11 Q-and-A session because of all the didactics --<br/> 12 didactic activity had been completed by then.</p> <p>13 <b>Q And can you tell me what the comment was</b><br/> 14 <b>that you heard?</b></p> <p>15 A Would you like to hear the specific<br/> 16 words?</p> <p>17 <b>Q Yes, please.</b></p> <p>18 A Well, I'm not sure I recall the specific<br/> 19 words, but it sounded like, "Thanks, God, it's<br/> 20 the last two days of this shit."</p> <p>21 <b>Q And --</b></p> <p>22 A (Simultaneous crosstalk)</p> <p>23 THE REPORTER: I'm sorry. You -- just<br/> 24 that last comment, Doctor?</p> <p>25 THE WITNESS: The comment sounded -- not</p>  |
| <p>23</p> <p>1 <b>Q And can you tell me why that occurred?</b></p> <p>2 A That occurred because there had been an<br/> 3 incident that made me think that the students<br/> 4 were not so appreciative of the amount of work<br/> 5 that was being provided to try and -- and give<br/> 6 them as close a learning opportunity as possible<br/> 7 to what would happen in non-Covid situation.</p> <p>8 <b>Q And can you give us a little bit more</b><br/> 9 <b>detail as to what it was that occurred that gave</b><br/> 10 <b>you that impression?</b></p> <p>11 A Yes. I can. It's -- it was an incident<br/> 12 whereby during one of my attempts at showing the<br/> 13 group of students a real case that was being<br/> 14 anesthetized, we had connectivity problems, and<br/> 15 as I was trying to figure out how to reconnect<br/> 16 with the group, a comment from one of the<br/> 17 students was heard clearly by all of us present<br/> 18 in the room. And "all of us" means myself, the<br/> 19 anesthesia technicians, the surgeon who was about<br/> 20 to perform the procedure, and the surgery<br/> 21 technicians.</p> <p>22 And as we heard that comment, all my<br/> 23 colleagues looked at me, and they were stunned.<br/> 24 And I did not want to make any decision in the<br/> 25 heat of the moment. And based on that, I then</p> | <p>25</p> <p>1 word by word -- but the idea was, "Thanks, God,<br/> 2 it's the last two days of this shit."</p> <p>3 THE REPORTER: Okay. My apologies. You<br/> 4 said something else after that, and Mr. Bach<br/> 5 talked at the -- whenever you guys talk at the<br/> 6 same, it just cuts everyone out. So just a<br/> 7 reminder to just let each other finish, and then<br/> 8 take a breath before you respond.</p> <p>9 <b>Q (BY MR. BACH) Do you know if it was a</b><br/> 10 <b>male or a female who made that comment?</b></p> <p>11 A It was a female.</p> <p>12 <b>Q Were there other issues with the</b><br/> 13 <b>rotation that had you frustrated as well?</b></p> <p>14 A I don't recall specific issues besides<br/> 15 the ordinary generalized frustration of having to<br/> 16 try to provide the education online.</p> <p>17 <b>Q Were any issues with having students</b><br/> 18 <b>available when you needed them to be on the Zoom</b><br/> 19 <b>calls?</b></p> <p>20 A I don't recall specific instances.<br/> 21 There may have been situations where somebody did<br/> 22 not connect on time. There may have been<br/> 23 instances where somebody wanted to take time off<br/> 24 to take care of other things in the time in<br/> 25 between the Zoom sessions. I don't recall</p> |

8 (Pages 26 to 29)

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| <p>26</p> <p>1 specific details. There may have been situations<br/>2 like those. And it is possible that one of the<br/>3 frustrations were -- was that perhaps, for the<br/>4 students, it was not clear that they were<br/>5 expected to be as present as they would be in<br/>6 person. And!</p> <p>7 <b>Q Did you -- do you recall having any<br/>8 types of issues like that with Jonathan?</b></p> <p>9 A No. I don't recall. I don't remember<br/>10 specifics.</p> <p>11 <b>Q Was there a final exam in your rotation?</b></p> <p>12 A Yes, there was.</p> <p>13 <b>Q Can you -- can you describe what that --<br/>14 the final exam is? What it is that you -- that<br/>15 was required in that exam?</b></p> <p>16 A The final exam was administered online.<br/>17 And it was a combination of multiple choice and<br/>18 short answer questions. They were based on the<br/>19 anesthesiology material, and primarily focused on<br/>20 the things that had been discussed in rounds.</p> <p>21 <b>Q And do you modify the final exam for<br/>22 each rotation, or are -- are they all the same?</b></p> <p>23 A I had a question bank. In order not to<br/>24 always use the same questions, I would alternate<br/>25 between -- I had different versions of the exam</p> | <p>28</p> <p>1 the student is performing in the activities that<br/>2 we discussed. And the objective assessment was<br/>3 an exam, and in order to pass -- a written exam.<br/>4 And in order to pass the rotation, the students<br/>5 had to achieve a passing grade in each of the two<br/>6 components.</p> <p>7 <b>Q And you said that Jonathan failed the<br/>8 written exam. Did he -- he pass the subjective<br/>9 portion?</b></p> <p>10 A Yes. Yes.</p> <p>11 <b>Q And that was a grade that you determined<br/>12 based on your experience working with Jonathan?</b></p> <p>13 A Are you talking about the subjective<br/>14 assessment?</p> <p>15 <b>Q Yes. Yes.</b></p> <p>16 A Yes.</p> <p>17 <b>Q Were you aware that Jonathan was on<br/>18 probation at the time that he was in your<br/>19 rotation?</b></p> <p>20 A I am not entirely sure about this. It<br/>21 is possible that it was notified that a student<br/>22 was on probation. But in general, faculty are<br/>23 not privy to this information, and I did not know<br/>24 who was who.</p> <p>25 <b>Q Okay. Did you notify Jonathan about his</b></p>   |
| <p>27</p> <p>1 created with the same number of questions. And<br/>2 so probably a certain percentage of the questions<br/>3 would change from one version to the other.<br/>4 There were some core questions that I considered<br/>5 things every student had to know, and then other<br/>6 questions that would be shuffled. And -- but the<br/>7 duration and the number of questions was the<br/>8 same.</p> <p>9 <b>Q Okay. Was the exam modified for<br/>10 Jonathan's rotation because the rotation was<br/>11 virtual?</b></p> <p>12 A No. The question bank was the same. I<br/>13 didn't prepare different exams for the online<br/>14 rotation. I -- no. I don't think so.</p> <p>15 <b>Q Okay. Do you recall how Jonathan did on<br/>16 the exam?</b></p> <p>17 A Yes. I recall that he failed it. He<br/>18 did not reach a passing grade.</p> <p>19 <b>Q And in your rotation, what was required<br/>20 to pass that rotation?</b></p> <p>21 A To pass the rotation, the students had<br/>22 to pass both -- I had divided the assessment into<br/>23 an subjective assessment and objective<br/>24 assessment. So the subjective assessment is what<br/>25 the instructor feels -- how the instructor feels</p>   | <p>29</p> <p>1 -- his grade on the written exam?</p> <p>2 A Yes. I believe I did. Yes.</p> <p>3 <b>Q Okay. And why -- why did you reach out<br/>4 to him about that?</b></p> <p>5 A Normally, when a student failed the<br/>6 exam, I preferred to inform them before the<br/>7 grades were posted to avoid the shocker of seeing<br/>8 the grades posted. So I prefer to give them the<br/>9 heads up.</p> <p>10 <b>Q And did you also notify anyone in the<br/>11 administration about the failing grade?</b></p> <p>12 A Yes. I believe that was the rule that<br/>13 we had to follow. We had to notify the Dean of<br/>14 Students office when students did not achieve a<br/>15 passing grade.</p> <p>16 <b>Q And can you tell me the name of the dean<br/>17 that you -- you contacted?</b></p> <p>18 A Dr. Gilmour. Margi Gilmour.</p> <p>19 <b>Q And do you recall when you contacted --<br/>20 or when you communicated with Dr. Gilmour, do you<br/>21 recall having any type of recommendations of what<br/>22 you would like to see happen as a result of the<br/>23 failing grade?</b></p> <p>24 A No. In the sense that the communication<br/>25 is a default communication. So the first time I</p> |

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| <p>1 notify that, you know, students -- it was a rule.<br/>   2 I was required to do so.<br/>   3 <b>Q Do you recall -- strike that.</b><br/>   4 <b>You don't recall having any type of</b><br/> <b>suggestions as to how the situation with the</b><br/> <b>failing grade might be handled?</b><br/>   7 A I do, but that was later on. It was not<br/>   8 at the time if Jonathan failing the exam. The<br/>   9 time of Jonathan failing the exam, I notified the<br/>   10 dean of students like I did for every other<br/>   11 student failing the exam.<br/>   12 <b>Q Okay. So when was it that you -- you</b><br/> <b>shared her suggestions?</b><br/>   14 A It was only a few weeks later when I<br/>   15 learned that Jonathan had been dismissed from the<br/>   16 program.<br/>   17 <b>Q And what were the suggestions that you</b><br/> <b>shared?</b><br/>   19 A More than suggesting, it was a comment.<br/>   20 And I -- I asked if it was given the nature of<br/>   21 the online rotation, if it was an option to allow<br/>   22 a student to retake the exam. Or I believe I<br/>   23 suggested to allow the student to come back in<br/>   24 person to take the practical part in person<br/>   25 because that would have been another way of</p> | <p>1 the pages on screen share. So the person who's<br/>   2 managing the shared screen would have to do that.<br/>   3 (Reviews document)<br/>   4 Okay.<br/>   5 <b>Q All right. Have you had an opportunity</b><br/> <b>to take a look at Exhibit No. 1 here?</b><br/>   7 A Yes. Yes.<br/>   8 <b>Q And do you recognize this document?</b><br/>   9 A Yes, I do.<br/>   10 <b>Q And can you tell me what it is?</b><br/>   11 A It's the syllabus for the anesthesiology<br/>   12 rotation in the fourth year of veterinary<br/>   13 studies.<br/>   14 <b>Q And this syllabus is dated January 18th</b><br/>   15 <b>-- I'm sorry. January 15th of 2020; is that</b><br/>   16 <b>right?</b><br/>   17 A That's correct.<br/>   18 <b>Q So this would be a couple of months</b><br/>   19 <b>before Jonathan began his rotation. Is that --</b><br/>   20 <b>is that right?</b><br/>   21 A Yes.<br/>   22 <b>Q Along with yourself, there's another</b><br/>   23 <b>instructor that is listed here. A Dr. Kip Lemke?</b><br/>   24 A Yes.<br/>   25 <b>Q Was Dr. Lemke an instructor when</b></p> |
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10 (Pages 34 to 37)

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| <p>34</p> <p>1 A Okay.<br/>2 <b>Q Did that give you an adequate amount of</b><br/>3 <b>time to review that?</b><br/>4 A Yes. I would say so.<br/>5 <b>Q Okay. Do you recognize this document?</b><br/>6 A Yes, I do.<br/>7 <b>Q And can you tell me what it is?</b><br/>8 A It's the modified course syllabus to<br/>9 reflect the restrictions imposed by the Covid-19<br/>10 outbreak.<br/>11 <b>Q Okay. And what was it that you felt</b><br/>12 <b>needed to be modified in the syllabus during the</b><br/>13 <b>Covid outbreak, or at least when it first began?</b><br/>14 A I'm trying to remember. I think the two<br/>15 elements were the unpredictability of the<br/>16 situation and the fact that it was rapidly<br/>17 evolving and constantly changing, and the fact<br/>18 that because the students were not able to attend<br/>19 the hospital in person, there would be,<br/>20 presumably, limitations in what could be provided<br/>21 in terms of instruction.<br/>22 <b>Q Did the learning objectives change in</b><br/>23 <b>any way?</b><br/>24 A I would have to review each specific<br/>25 learning objective to be able to answer.</p> | <p>36</p> <p>1 person when access to the hospital was possible,<br/>2 and it was primarily technical skills.<br/>3 <b>Q Okay. All right. So I'm going to take</b><br/>4 <b>the exhibits out of order here. If we could skip</b><br/>5 <b>Exhibit 3 for a moment, and go to Exhibit 4, if</b><br/>6 <b>we could, please.</b><br/>7 <b>Can we go to Exhibit 4?</b><br/>8 MR. NARVAEZ: That's what we have marked<br/>9 as 4, Mr. Bach.<br/>10 MR. PRATT: Same for me, Jason. That's<br/>11 Exhibit 4.<br/>12 MR. BACH: All right. Well, then I<br/>13 guess I did have them in the right order. So can<br/>14 we go to Exhibit 3 then? I apologize.<br/>15 MR. NARVAEZ: No problem.<br/>16 THE WITNESS: I have it in front of me.<br/>17 <b>Q (BY MR. BACH) Okay. So if we can kind</b><br/>18 <b>of start at the end. Because this is an email</b><br/>19 <b>chain that goes backwards.</b><br/>20 A Uh-huh.<br/>21 <b>Q All right. Do you recognize these</b><br/>22 <b>emails?</b><br/>23 A I recognize them based on what is<br/>24 printed. And this -- the first one is an email I<br/>25 sent to Jonathan.</p>   |
| <p>35</p> <p>1 <b>Q You had testified here previously that</b><br/>2 <b>the written exam didn't change; is that right?</b><br/>3 A Yes. I'm pretty sure that the written<br/>4 exam did not change.<br/>5 I am not seeing the page with the<br/>6 learning objectives.<br/>7 MR. NARVAEZ: Gentlemen, just tell me<br/>8 what page you want, please. Doctor, this is<br/>9 Larry at City Reporters.<br/>10 THE WITNESS: It's the paragraph that --<br/>11 MR. NARVAEZ: Just give me the page<br/>12 number and I'll go right to it.<br/>13 THE WITNESS: Page 3.<br/>14 MR. NARVAEZ: Page 3. Very good.<br/>15 MR. BACH: Towards the bottom.<br/>16 <b>Q (BY MR. BACH) All right. So we have</b><br/>17 <b>the learning objectives on Page 3 of the modified</b><br/>18 <b>syllabus here.</b><br/>19 <b>Do you know if those are the same</b><br/>20 <b>learning objectives that were in place before</b><br/>21 <b>Covid?</b><br/>22 A I would have to compare with the<br/>23 previous syllabus, but my impression is that the<br/>24 core of the activities would be the same with the<br/>25 exclusion of those that were administered in</p>                      | <p>37</p> <p>1 <b>Q And can you tell me what this is about?</b><br/>2 A I have to go by what is written in this<br/>3 document, and it appears that I was inquiring<br/>4 when he had problems accessing the teaching<br/>5 material that I had posted on the teaching<br/>6 platform called Moodle.<br/>7 <b>Q Moodle is the teaching platform? Is</b><br/>8 <b>that --</b><br/>9 A Yes. It was a teaching platform we used<br/>10 at Oklahoma State University College of<br/>11 Veterinary medicine while I was working there.<br/>12 <b>Q And your understanding was that Jonathan</b><br/>13 <b>was having some sort of issue with that platform?</b><br/>14 A That was presumably based on the fact<br/>15 that he had emailed me saying that he had<br/>16 problems accessing it.<br/>17 <b>Q Was that a problem that other students</b><br/>18 <b>had as well?</b><br/>19 A I don't recall, specifically. It is<br/>20 possible. Whenever somebody contacted me saying<br/>21 that they had problems accessing the teaching<br/>22 material, my hope was always that they wouldn't<br/>23 wait until the end of the rotation, but would let<br/>24 me know soon enough so that I can -- I could<br/>25 address the issue with the IT support.</p> |

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| <p style="text-align: right;">38</p> <p>1     <b>Q</b> Okay. And -- but do you recall having<br/>2 to -- to deal with that issue with anyone else<br/>3 other than Jonathan?<br/>4     A Not specifically. I wouldn't be able to<br/>5 indicate specific students. But I -- it is<br/>6 possible that it happened before.<br/>7     <b>Q</b> Okay.<br/>8     A Especially because there were students<br/>9 coming from other institutions for the senior<br/>10 year, and I had no control over their onboarding<br/>11 with IT. So generally, what may have happened is<br/>12 that they contacted an instructor for the course<br/>13 to point out that they were unable to access the<br/>14 material or similar situations.<br/>15     <b>Q</b> Okay. All right. So now if we can turn<br/>16 to Exhibit No. 4.<br/>17     MR. NARVAEZ: Mr. Bach, I'm sorry. What<br/>18 was that?<br/>19     MR. BACH: If we could put up Exhibit<br/>20 No. 4, please.<br/>21     MR. NARVAEZ: (Shared Exhibit 4 on<br/>22 screen.)<br/>23     THE WITNESS: Okay. I have it in front<br/>24 of me.<br/>25     <b>Q (BY MR. BACH)</b> Okay. Take a look at</p>               | <p style="text-align: right;">40</p> <p>1     <b>Q</b> And is it fair to say that most of these<br/>2 emails from the students are relatively<br/>3 apologetic?<br/>4     A Yes. I would say it is fair to say that<br/>5 they are apologetic.<br/>6     <b>Q</b> Did you take -- or did you interpret<br/>7 these emails from the students to be genuine?<br/>8     A Yes. I did.<br/>9     <b>Q</b> And in particular, there's an email from<br/>10 Jonathan on Page 4.<br/>11     Did you have any reason to believe that<br/>12 Jonathan's email to you wasn't genuine?<br/>13     A No. I don't think so.<br/>14     <b>Q</b> All right. So Exhibit No. 5 is going to<br/>15 have the same email from you -- well, let's just<br/>16 take a look at Exhibit No. 5 here, if we could.<br/>17     And I think it's another one of those where we<br/>18 have to work backwards.<br/>19     A Okay. I can -- I have been able to open<br/>20 it on my computer.<br/>21     <b>Q</b> Okay. Okay. Well, let's do it that way<br/>22 then.<br/>23     A And you mentioned you wanted to start<br/>24 reading it backward from the bottom to the top;<br/>25 is that correct?</p>                                       |
| <p style="text-align: right;">39</p> <p>1     <b>Q</b> this. It's five pages of emails here. If you<br/>2 could take a look at these and let me know when<br/>3 you've had a chance to review them.<br/>4     MR. BACH: And just for the record,<br/>5 Exhibit 4 is Plaintiff 057 through 061.<br/>6     MR. NARVAEZ: Doctor, let me know if I'm<br/>7 going too fast.<br/>8     THE WITNESS: No. That's fine. Thank<br/>9 you.<br/>10     <b>Q (BY MR. BACH)</b> All right. Do you<br/>11 recognize the -- the document that's been marked<br/>12 as Exhibit No. 4?<br/>13     A Yes. I do recognize this string of<br/>14 emails.<br/>15     <b>Q</b> And starting with the initial email on<br/>16 Page 1, what is this -- this email?<br/>17     A This email is a notification that I sent<br/>18 to the rotation to inform them that the<br/>19 concluding rounds of the rotation would not be<br/>20 held, and therefore, the rotation will terminate<br/>21 a few hours earlier.<br/>22     <b>Q</b> And then the emails that come after<br/>23 that, are these emails from various students in<br/>24 that rotation?<br/>25     A Yes. It appears so.</p> | <p style="text-align: right;">41</p> <p>1     <b>Q</b> Yeah. I believe that your email, which<br/>2 starts at the bottom of Page 1, is the first<br/>3 email. And then it goes backwards from there.<br/>4     Just let me know when you've had a<br/>5 chance to read this.<br/>6     A Yes. I have reviewed it.<br/>7     <b>Q</b> Okay. And would you agree that this is<br/>8 an email exchange between yourself and Dr.<br/>9 Gilmour?<br/>10     A Yes. It appears to be, based on the<br/>11 sender and recipient.<br/>12     <b>Q</b> And in these emails, it appears that Dr.<br/>13 Gilmour is requesting that you identify the<br/>14 student who made the comment about, "We only have<br/>15 two more days of this shit." It appears that you<br/>16 did not want to necessarily identify that<br/>17 student.<br/>18     <b>Q</b> Is that fair to say?<br/>19     A I was not entirely sure who it was. It<br/>20 would have been possibly an unfair accusation<br/>21 without being entirely sure.<br/>22     <b>Q</b> Okay. But you had testified here<br/>23 earlier that it was a female student. Is that --<br/>24     A Yeah. Yes.<br/>25     <b>Q</b> Okay. So as a result of that, it would</p> |

12 (Pages 42 to 45)

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| <p>42</p> <p>1 <b>also be fair to say that Jonathan was not the<br/>2 student who made that comment; is that correct?</b></p> <p>3 A Yes. That is correct.</p> <p>4 Q <b>How did this issue resolve? Did you<br/>5 ultimately have to provide any names or did you<br/>6 not provide any names?</b></p> <p>7 A I don't recall.</p> <p>8 Q <b>Okay. All right. If we could take a<br/>9 look at Exhibit No. 6 please, which is Board<br/>10 00344 through 345.</b></p> <p>11 A Yes. I have it open.</p> <p>12 Q <b>Okay. And can you tell me what this<br/>13 document is?</b></p> <p>14 A Allow me to review it, please.</p> <p>15 Q <b>Oh, I'm sorry. I thought you had.</b></p> <p>16 A Okay. I have reviewed it.</p> <p>17 Q <b>Okay. And can you tell me what this<br/>18 document is?</b></p> <p>19 A So the first part of this document is<br/>20 the scoring of Mr. Rivera's rotation. And it is<br/>21 followed by a conversation with the<br/>22 administration Dean of Students.</p> <p>23 Q <b>Okay. And on the chart that's at the --<br/>24 at the top of the email here, it appears to be a<br/>25 breakdown of scores.</b></p> | <p>44</p> <p>1 might be worth giving him the opportunity to<br/>2 repeat the rotation once things are back to<br/>3 normal and we can work with him in the clinics."</p> <p>4 <b>Do you see that?</b></p> <p>5 A Yes, I do.</p> <p>6 Q <b>And why was it that you made that<br/>7 comment?</b></p> <p>8 A I presume it is because I had learned<br/>9 that the situation for him was a bit more<br/>10 complicated, and having failed virtual rotation<br/>11 with the limitations imposed, might offer the<br/>12 opportunity to retest in a proper context.</p> <p>13 Q <b>Okay. All right. If we can look at<br/>14 Exhibit No. 7, please.</b></p> <p>15 A Yes. I have it open in front of me. I<br/>16 need to review it.</p> <p>17 Q <b>Okay. Sure. Just let me know when<br/>18 you've had an opportunity.</b></p> <p>19 MR. BACH: And for the record, it's<br/>20 Plaintiff 062 through 063.</p> <p>21 THE WITNESS: Okay. I have reviewed it.</p> <p>22 Q <b>(BY MR. BACH) All right. And can you<br/>23 tell me what this document is?</b></p> <p>24 A This document appears to be an email<br/>25 exchange between me and Jonathan regarding the</p>  |
| <p>43</p> <p>1 <b>Is that fair to say?</b></p> <p>2 A Yes.</p> <p>3 Q <b>And it appears that in the first four<br/>4 components which are the general knowledge, case<br/>5 workup and presentation, assignments and topics,<br/>6 and professional conduct, it appears that<br/>7 Jonathan received 79%; is that correct?</b></p> <p>8 A Yes. It is.</p> <p>9 Q <b>And what was the passing score for that<br/>10 portion of the rotation?</b></p> <p>11 A I believe it was 70%. For the -- for<br/>12 the portion -- for each portion of the rotation,<br/>13 it was 70%.</p> <p>14 Q <b>Okay. And then on the written exam, he<br/>15 received a 66.4%; is that correct?</b></p> <p>16 A Yes.</p> <p>17 Q <b>And passing on that was also 70%?</b></p> <p>18 A Yes. Correct.</p> <p>19 Q <b>And then below that, there's some text<br/>20 here that -- I'm assuming that you wrote; is that<br/>21 correct?</b></p> <p>22 A Yes. That is correct. The first part<br/>23 with my initials at the end.</p> <p>24 Q <b>Okay. Above your initials a couple of<br/>25 lines, or a few lines, it says, "I thought it</b></p>                     | <p>45</p> <p>1 outcome of his exam. And starts with me<br/>2 notifying him that he had not achieved a passing<br/>3 grade. As I mentioned earlier, this is something<br/>4 that I did with every student who did not achieve<br/>5 a passing grade, before the grades were posted.</p> <p>6 Q <b>Okay. And at this point, you had an<br/>7 understanding that Jonathan was on some sort of<br/>8 academic probation; is that correct?</b></p> <p>9 A -- I don't recall exactly when and how<br/>10 I was informed about this. What I recall for<br/>11 sure is that I was not aware that he had been<br/>12 dismissed from the program at this point. And I<br/>13 was totally unaware of the other agreement he may<br/>14 have had with the university administration.</p> <p>15 Q <b>Okay. In the email from 7:04 p.m. on<br/>16 April 20, 2020, which is near the bottom of the<br/>17 first page, you offer to review the exam with<br/>18 Jonathan; is that -- is that correct?</b></p> <p>19 A Yes. That is correct.</p> <p>20 Q <b>In the email, it's referred to as a<br/>21 quiz, but that's actually the -- the final exam.<br/>22 Is that --</b></p> <p>23 A Yeah. Yes. The final exam. Yes.</p> <p>24 Q <b>Is it -- is that a common practice of<br/>25 yours back then, to review an exam with the</b></p> |

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| <p>46</p> <p>1 <b>student, if they didn't pass it?</b><br/> 2 A When the students requested it, yes.<br/> 3 <b>Q Okay. And in this case, did Jonathan</b><br/> 4 <b>agree to do that?</b><br/> 5 A I believe my understanding from his<br/> 6 email was that he wanted to understand what he<br/> 7 had done wrong.</p> <p>8 <b>Q Okay. And did you, in fact, meet with</b><br/> 9 <b>him?</b><br/> 10 A Yes, I did.</p> <p>11 <b>Q Okay. Approximately, how long -- or was</b><br/> 12 <b>-- was this in person or on Zoom?</b><br/> 13 A No. It was on Zoom. On Zoom.</p> <p>14 <b>Q And do you recall how long you met with</b><br/> 15 <b>him for?</b><br/> 16 A Not specifically, no. The time to go<br/> 17 over the questions that he did wrong.</p> <p>18 <b>Q And was he receptive to your comments</b><br/> 19 <b>about the exam?</b><br/> 20 A I don't recall the specifics of our<br/> 21 conversation.</p> <p>22 <b>Q Do you recall if he was argumentative at</b><br/> 23 <b>all with you?</b><br/> 24 A I'm sorry. I didn't hear. Did I<br/> 25 recall?</p>  | <p>48</p> <p>1 <b>document is?</b><br/> 2 A This document appears to be an email<br/> 3 exchange between me and Dr. Gilmour regarding<br/> 4 Jonathan's situation. And it was -- started with<br/> 5 a request of clarification from Dr. Gilmour about<br/> 6 the grade.</p> <p>7 <b>Q Okay. And it starts with an email that</b><br/> 8 <b>we've already looked at here previously, from</b><br/> 9 <b>you, on April 17th of 2020, when you reported to</b><br/> 10 <b>Dr. Gilmour that Jonathan had not passed his</b><br/> 11 <b>written exam; is that correct?</b><br/> 12 A Let me -- give me a second to read<br/> 13 exactly.<br/> 14 Yes. So I did report to Dr. Gilmour<br/> 15 Jonathan's grades, as I was expected to do with<br/> 16 students failing the rotation.</p> <p>17 <b>Q And that's the same email where you said</b><br/> 18 <b>that you thought it might be worth giving him the</b><br/> 19 <b>opportunity to repeat the rotation once things</b><br/> 20 <b>are back to normal; is that right?</b><br/> 21 A Let me see.<br/> 22 In the email dated April 21st to Dr.<br/> 23 Gilmour, I believe is where I asked -- inquire<br/> 24 about the possibility to have him -- have him<br/> 25 repeat the rotation.</p> |
| <p>47</p> <p>1 <b>Q Was he argumentative with you?</b><br/> 2 A I don't think "argumentative" is the<br/> 3 correct word. In my experience, every student<br/> 4 who is presented with a question that was<br/> 5 answered incorrectly, tries to explain why they<br/> 6 chose the incorrect answer, and tries to defend<br/> 7 their choice.<br/> 8 I don't necessarily think it's<br/> 9 argumentative. It's more a way of presenting the<br/> 10 thought process that led them to choosing the<br/> 11 wrong question -- the wrong answer.</p> <p>12 <b>Q Okay. All right. Moving right along.</b><br/> 13 <b>If we can look at Exhibit 8, please. Which is</b><br/> 14 <b>Board 01464 through 01465?</b><br/> 15 A Okay. I have it in front of me. Allow<br/> 16 me time to review it.</p> <p>17 <b>Q Absolutely.</b><br/> 18 A Should I start from the bottom or from<br/> 19 the top?</p> <p>20 <b>Q Let's see here. It appears that we need</b><br/> 21 <b>to start from the bottom on this one.</b><br/> 22 A (Reviews document.)<br/> 23 Okay. I finished reviewing the<br/> 24 document.</p> <p>25 <b>Q Okay. And can you tell me what this</b></p> | <p>49</p> <p>1 <b>Q Okay. If you can look at the email from</b><br/> 2 <b>April 17th on the second page.</b><br/> 3 A April 17th.<br/> 4 <b>Q Yeah. Just a few lines above your</b><br/> 5 <b>initials.</b><br/> 6 A Yes. In the email of April 17th, I also<br/> 7 -- this was fresh based on the grades.<br/> 8 <b>Q And then Dr. Gilmour responded to you</b><br/> 9 <b>later on that evening in her -- the last sentence</b><br/> 10 <b>of her -- of her email which is at the top of the</b><br/> 11 <b>second page here. She says, "You do not need to</b><br/> 12 <b>-- you do not need to alter, soften, or make any</b><br/> 13 <b>exceptions."</b><br/> 14 <b>Do you see that?</b><br/> 15 A Yes, I do.<br/> 16 <b>Q Were you at all surprised to read that</b><br/> 17 <b>when you received that?</b><br/> 18 A I don't recall the exact feelings in<br/> 19 that specific moment.<br/> 20 <b>Q And then if you look at your email on</b><br/> 21 <b>the first page of the document towards the</b><br/> 22 <b>bottom.</b><br/> 23 MR. BACH: Can I ask if we can go up to<br/> 24 the first page? Right there. Okay.<br/> 25 <b>Q (BY MR. BACH) The email from you to Dr.</b></p>  |

14 (Pages 50 to 53)

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| <p style="text-align: right;">50</p> <p>1 <b>Gilmour on April 20th at 5:39 p.m. Can you read</b><br/> 2 <b>your email, or at least, the first portion of the</b><br/> 3 <b>email that's above your initials there?</b></p> <p>4 A Yes. "It was not a matter of softening<br/> 5 things or making exceptions, but a way to prepare<br/> 6 myself for what you will read below, Jonathan's<br/> 7 expected reply to my notification about his<br/> 8 failing grade."</p> <p>9 Should I continue to read?</p> <p>10 Q <b>Yeah. Up until your initials there.</b></p> <p>11 A "Given the abnormal nature of the<br/> 12 rotation, to me, it would make sense to allow<br/> 13 someone to repeat it once the circumstances are<br/> 14 normalized, especially, when in his case, failing<br/> 15 the unconventional rotation results in being<br/> 16 dismissed from the program. And if the<br/> 17 circumstances don't become normal soon enough, I<br/> 18 think he should be at least allowed to retake the<br/> 19 written quiz with the agreement that if he fails<br/> 20 it, there will be no other chances."</p> <p>21 Q <b>And there's an email above that from Dr.</b><br/> 22 <b>Gilmour the following morning, and then you</b><br/> 23 <b>followed up, you know, there later on that --</b><br/> 24 <b>that morning.</b></p> <p>25 Did you ever actually speak with Dr.</p> | <p style="text-align: right;">52</p> <p>1 A And Dr. Risco as well.</p> <p>2 Q <b>And Dr. Risco. And Lucinda Kershaw as</b><br/> 3 <b>well; right?</b></p> <p>4 A Yes.</p> <p>5 Q <b>The second paragraph that starts with,</b><br/> 6 <b>"The written exam."</b></p> <p>7 Do you see that?</p> <p>8 A Yes.</p> <p>9 Q <b>Can you read that paragraph into the</b><br/> 10 <b>record, please?</b></p> <p>11 A "The written exam is what truly captures<br/> 12 their knowledge base more objectively. However,<br/> 13 in this case, it may be argued that the complete<br/> 14 lack of hands-on opportunities and of the chance<br/> 15 to apply theoretical knowledge to clinical<br/> 16 scenarios and consolidate theoretical knowledge<br/> 17 from monitoring and observing live animals under<br/> 18 anesthesia might have contributed to his<br/> 19 suboptimal performance. This is why I would be<br/> 20 open to making him retake the rotation when we're<br/> 21 back to the in-person option so he can be<br/> 22 accessed on the full spectrum of activities and<br/> 23 will have time to restudy for the exam."</p> <p>24 Q <b>And do you recall if Dr. Gilmour or Dr.</b><br/> 25 <b>Risco had any other type of communication with</b></p>   |
| <p style="text-align: right;">51</p> <p>1 <b>Gilmour about this situation?</b></p> <p>2 A Are you -- do you mean speak in person<br/> 3 or over the phone?</p> <p>4 Q <b>Either in person or on the phone. I'm</b><br/> 5 <b>saying outside of this email chain, did you have</b><br/> 6 <b>any type of communication with Dr. Gilmour about</b><br/> 7 <b>this situation?</b></p> <p>8 A I don't recall it. I don't think so. I<br/> 9 don't think we discussed it. I can't guarantee<br/> 10 it. I don't recall the episode of having met<br/> 11 with her in person or having spoken over the<br/> 12 phone.</p> <p>13 Q <b>Okay. If I could ask you to take a look</b><br/> 14 <b>at the email towards the top of the page, on Page</b><br/> 15 <b>1.</b></p> <p>16 A The email from April -- dated April 21st<br/> 17 at 11:07 a.m.?</p> <p>18 Q <b>Yes, sir.</b></p> <p>19 A Okay.</p> <p>20 Q <b>The second paragraph -- well, let's back</b><br/> 21 <b>up.</b></p> <p>22 So this is an email from you to Dr.</p> <p>23 Gilmour; is that -- is that correct?</p> <p>24 A Yes.</p> <p>25 Q <b>Okay.</b></p>   | <p style="text-align: right;">53</p> <p>1 <b>you about the possibility of allowing Jonathan to</b><br/> 2 <b>repeat or to retake the exam?</b></p> <p>3 A No. I don't recall if there was further<br/> 4 communication with them.</p> <p>5 Q <b>Did there eventually come a time when</b><br/> 6 <b>you had learned Jonathan had been dismissed from</b><br/> 7 <b>the program?</b></p> <p>8 A Yes, there was a time. And I am under<br/> 9 the impression that the time was -- was when I<br/> 10 finally spoke to Jonathan via Zoom to go over the<br/> 11 exam, and he told me that he was in Florida.</p> <p>12 Q <b>And he --</b></p> <p>13 A And he had been dismissed from the<br/> 14 program.</p> <p>15 Q <b>Okay. And was it your understanding</b><br/> 16 <b>that the final dismissal was a result of not</b><br/> 17 <b>passing your rotation?</b></p> <p>18 A I don't recall the specific details. I<br/> 19 -- I realized that I was not aware -- I realized<br/> 20 at that time that I was not aware of other things<br/> 21 that had happened before. But I didn't know the<br/> 22 specifics of what had been discussed regarding<br/> 23 his situation between him and the administration.</p> <p>24 It appears that having failed my rotation was<br/> 25 what triggered this action of dismissal.</p> |

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| <p>1     <b>Q Given the unusualness of -- of this</b><br/> 2     <b>rotation with Jonathan being a virtual setting,</b><br/> 3     <b>did you feel that it was fair for Jonathan to be</b><br/> 4     <b>dismissed ultimately as a result of not passing</b><br/> 5     <b>your rotation?</b></p> <p>6     A I -- I cannot answer this question<br/> 7     directly. I -- I would have to rethink of<br/> 8     everything. So in general, my position is that<br/> 9     if somebody has to be dismissed from the program,<br/> 10    it's a quite serious step. So I would try to be<br/> 11    an advocate to see if there is a possibility of a<br/> 12    remediation.</p> <p>13    But again, not every student's situation<br/> 14    is the same. And I was not aware of Jonathan's<br/> 15    specific circumstances.</p> <p>16    <b>Q Given the circumstances of this</b><br/> 17    <b>particular rotation, did you think it was</b><br/> 18    <b>reasonable to allow Jonathan to either repeat the</b><br/> 19    <b>rotation or retake the exam?</b></p> <p>20    A I would have thought it was reasonable<br/> 21    to at least make him retake the exam if the<br/> 22    in-person attendance was not an option. I would<br/> 23    also have to add, though, that in-person<br/> 24    attendance would have involved another level of<br/> 25    assessment because the technical skills of the</p> | <p>1     <b>passing the exam; is that right?</b></p> <p>2     A Jonathan was more than 3.6 points away.<br/> 3     I ended up giving three points back to the<br/> 4     students for the exam, which is not an uncommon<br/> 5     procedure. But his original grade was less than<br/> 6     66 point whatever percent. So he had a<br/> 7     significant margin of distance from the passing.</p> <p>8     <b>Q Well, you -- you gave the three points</b><br/> 9     <b>to every student; is that correct?</b></p> <p>10    A Yes. That's correct.</p> <p>11    <b>Q So at the end of the day, when you</b><br/> 12    <b>assigned the grade, on his written exam, he</b><br/> 13    <b>received a 66.4%; is that right?</b></p> <p>14    A Yes. Yes.</p> <p>15    <b>Q And he only needed 70% in order to pass.</b></p> <p>16    A Yes.</p> <p>17    <b>Q Okay. So he was 3.6% away from passing</b><br/> 18    <b>his exam; is that right?</b></p> <p>19    A Yes. That is correct.</p> <p>20    <b>Q All right. We can skip Exhibit No. 9.</b></p> <p>21    <b>We've already talked about that.</b></p> <p>22    <b>Dr. Di Concetto, I don't have anything</b><br/> 23    <b>further to ask you at this time.</b></p> <p>24    MR. BACH: I'll pass the witness.</p> <p>25    MR. PRATT: We've been going for about</p> |
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16 (Pages 58 to 61)

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| <p>58</p> <p>1 overcompensate for what was not possible to be<br/>2 offered in person.</p> <p>3 <b>Q And from your perspective, could<br/>4 anything else have been done to provide better<br/>5 instruction considering the limitations that were<br/>6 necessitated by Covid?</b></p> <p>7 A I can't think of anything other I could<br/>8 have done differently. There were time<br/>9 restrictions and there was personnel limitations.<br/>10 I was the only instructor. There was also<br/>11 limited availability of online material.<br/>12 Now, in a more advanced high tech world,<br/>13 perhaps, there would have been -- and maybe now<br/>14 days, years later, there are other solutions<br/>15 available in terms of virtual reality and case<br/>16 simulation. I -- at that time, it was not the<br/>17 case. So in discussing with other colleagues and<br/>18 other institutions, I think in some cases, I did<br/>19 even more. So!</p> <p>20 <b>Q You and Mr. Bach have discussed some<br/>21 emails today between you and the administration<br/>22 at OSU, including Margi Gilmour and Dean Risco.<br/>23 Those emails were after the final exam, and after<br/>24 Mr. Rivera-Pierola had received a failing grade<br/>25 for the rotation.</b></p> | <p>60</p> <p>1 necessarily know upfront that it was him. I knew<br/>2 there was a student on probation, but we were not<br/>3 privy to knowing who it was, and I was not<br/>4 definitely available of his arrangements with the<br/>5 administration, prior to coming to me.</p> <p>6 <b>Q Were you aware that he had agreed to<br/>7 specific terms to be allowed to continue in the<br/>8 clinical program at OSU?</b></p> <p>9 A No.</p> <p>10 <b>Q Did any other students in the<br/>11 anesthesiology rotation, at the same time as Mr.<br/>12 Rivera-Pierola, fail that rotation?</b></p> <p>13 A No.</p> <p>14 <b>Q You also talked with Mr. Bach about the<br/>15 final set of rounds scheduled to occur Friday<br/>16 afternoon after the final exam, and that those<br/>17 rounds were not held, that there was an email<br/>18 sent that terminated the rotation early prior to<br/>19 those rounds being held.</b></p> <p>20 <b>Had those rounds been held, what<br/>21 material would have been covered?</b></p> <p>22 A Generally, the Friday afternoon of the<br/>23 last week of rotation was a Q-and-A open session<br/>24 with the students -- because everything was<br/>25 pretty much completed. So this was for the</p>                      |
| <p>59</p> <p>1 <b>In those emails, was your suggestion to<br/>2 have Mr. Rivera-Pierola retake the exam or to<br/>3 repeat the rotation a suggestion or an<br/>4 acknowledgement that the rotation was inadequate?</b></p> <p>5 A No. It was not an acknowledgement that<br/>6 the rotation was inadequate. I -- I didn't see<br/>7 it that way. I simply felt that in a<br/>8 circumstance that is unusual, it may be an option<br/>9 to -- to discuss giving another chance. But I --<br/>10 if anything, the virtual rotation paradoxically,<br/>11 in some cases, offered even more teaching and<br/>12 opportunity because we had more time to spend<br/>13 discussing and dissecting topics, which was not<br/>14 always the case in the real rotation where we<br/>15 were limited by the fact that the patients had to<br/>16 go to the operating rooms.</p> <p>17 So no. I can't speculate more on that.</p> <p>18 <b>Q And at the time that you were sending<br/>19 those emails, were you aware that Mr.<br/>20 Rivera-Pierola had failed multiple other<br/>21 rotations during his clinical year?</b></p> <p>22 A No.</p> <p>23 <b>Q Were you aware that he was on academic<br/>24 probation?</b></p> <p>25 A I -- as I mentioned earlier, I didn't</p>        | <p>61</p> <p>1 students who had final doubts or questions or<br/>2 clarifications before transitioning to working<br/>3 practice. It was not uncommon for some students<br/>4 to say so, if I were to have to do this on my<br/>5 own, what such-and-such. So it was not a<br/>6 specific didactic structure. It was more, like,<br/>7 open for I would call it last comments or<br/>8 clarifications, if the students had any.</p> <p>9 It is -- I don't recall the specific<br/>10 details of every single rotation. It is possible<br/>11 that some Friday afternoon rounds of the last<br/>12 week of rotation had been previously used to<br/>13 discuss, perhaps, a specific topic that students<br/>14 wanted to discuss and had not been time exactly<br/>15 because we were in the operating rooms.</p> <p>16 It was kind of less likely on a virtual<br/>17 situation because it was plenty of time to<br/>18 discuss things via Zoom.</p> <p>19 <b>Q If students took the exam earlier that<br/>20 morning, would they have been tested on any<br/>21 material that was not covered during the<br/>22 rotation?</b></p> <p>23 A No.</p> <p>24 <b>Q And I think I'm hearing you say that<br/>25 Friday afternoon, no new material would have been</b></p> |

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|   |   |
|---|---|
| <p>62</p> <p>1 <b>provided to the students --</b></p> <p>2 A No.</p> <p>3 <b>Q -- at least -- at least from your</b></p> <p>4 <b>standpoint.</b></p> <p>5 I think you said there may have been a</p> <p>6 situation where students maybe asked about a</p> <p>7 topic that they were interested in. But nothing</p> <p>8 that you were presenting to the rotation and</p> <p>9 expecting them to have knowledge of; correct?</p> <p>10 A Yes. Correct.</p> <p>11 And in general, my impression was that</p> <p>12 by the last Friday of the rotation, the students</p> <p>13 had had enough. So asking them to be present on</p> <p>14 Friday afternoon until 5:00, they probably would</p> <p>15 have gone willingly away without. That was the</p> <p>16 Friday mood in general. So!</p> <p>17 <b>Q Understood.</b></p> <p>18 <b>Based on your observations and</b></p> <p>19 <b>assessment of Mr. Rivera-Pierola, was his</b></p> <p>20 <b>performance during the rotation sufficient to</b></p> <p>21 <b>receive a passing grade?</b></p> <p>22 A No. No. Primarily, because of the</p> <p>23 objective assessment of knowledge from the exam.</p> <p>24 MR. PRATT: I have no additional</p> <p>25 questions.</p> | <p>64</p> <p>1</p> <p>2 J U R A T</p> <p>3</p> <p>4 STATE OF CALIFORNIA ) SS:</p> <p>5 COUNTY OF _____ )</p> <p>6 I, STEFANO DI CONCETTO, DVM, do hereby</p> <p>7 state under oath that I have read the above and</p> <p>8 foregoing deposition in its entirety, and that</p> <p>9 the same is a full, true, and correct</p> <p>10 transcription of my testimony so given at said</p> <p>11 time and place, except for the corrections noted.</p> <p>12</p> <p>13 _____</p> <p>14 STEFANO DI CONCETTO, DVM</p> <p>15 Subscribed and sworn to before me, a</p> <p>16 Notary Public in and for the State of Oklahoma by</p> <p>17 said witness, STEFANO DI CONCETTO, DVM, on the</p> <p>18 _____ day of _____ 2023.</p> <p>19</p> <p>20 _____</p> <p>21 Notary Public in and for the</p> <p>22 State of Oklahoma</p> <p>23 My Commission Expires: _____</p> <p>24 My Commission Number: _____</p> <p>25</p> |
| <p>63</p> <p>1 MR. BACH: I have nothing further.</p> <p>2 MR. PRATT: We'll read and sign.</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>  | <p>65</p> <p>1 C O R R E C T I O N S H E E T</p> <p>2 NAME: STEFANO DI CONCETTO, DVM</p> <p>3 CASE: RIVERA-PIEROLA VS. BOARD OF REGENTS</p> <p>4 DATE: JUNE 13, 2023</p> <p>5 REPORTER: LANA L. LEDFORD, CSR</p> <p>6 PG/LN CORRECTION REASON FOR CORRECTION</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> <p>11 _____</p> <p>12 _____</p> <p>13 _____</p> <p>14 _____</p> <p>15 _____</p> <p>16 _____</p> <p>17 _____</p> <p>18 _____</p> <p>19 _____</p> <p>20 _____</p> <p>21 _____</p> <p>22 _____</p> <p>23 _____</p> <p>24 _____</p> <p>25 _____</p>   |

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1 C E R T I F I C A T E  
2 STATE OF OKLAHOMA )  
3 ) SS:  
4 COUNTY OF OKLAHOMA )  
5 I, Lana L. Ledford, a Certified  
6 Shorthand Reporter within and for the State of  
7 Oklahoma, certify that STEFANO DI CONCETTO, DVM  
8 was sworn to testify the truth; that the  
9 deposition was taken by me in stenotype and  
10 thereafter transcribed by computer, and is a true  
11 and correct transcript of the testimony of the  
12 witness; that the deposition was taken virtually  
13 on JUNE 13, 2023; that I am not an attorney for  
14 nor relative of either party, or otherwise  
15 interested in this action.

16 Witness my hand and seal of office on

17 the 20TH day of JUNE 2023.  
18

19 LANA L. LEDFORD, CSR  
20 for the State of Oklahoma  
21 CSR #01776  
22  
23  
24  
25

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| 11:11 12:4,6,13           | 30:13,17                  | 37:4,5,7,9,21            | 40:13,17 47:2,8           | <b>try</b> 6:5 17:9,13    |
| 12:14,19 13:9,10          | <b>Suite</b> 1:24 2:5     | 59:11                    | 45:2 50:18 51:8,9         | 23:5 25:16 31:5           |
| 13:15,21 16:17            | <b>supervision</b> 13:5   | <b>tech</b> 58:12        | 54:17 58:7,18             | 54:10 57:14               |
| 18:23 20:19,20            | <b>support</b> 13:17      | <b>technical</b> 36:2    | 61:24 62:5                | <b>trying</b> 6:9 23:15   |
| 20:22,23,24               | 37:25                     | 54:25                    | <b>thought</b> 42:15      | 34:14                     |
| 21:16 22:4 27:5           | <b>sure</b> 6:14 11:12,12 | <b>technician</b> 12:18  | 43:25 47:10               | <b>Tufts</b> 8:5          |
| 28:1,21 29:5              | 14:12,25 19:17            | 12:20 13:6 16:11         | 48:18 54:20               | <b>turn</b> 38:15         |
| 30:11,22,23               | 24:6,18 28:20             | <b>technicians</b> 17:5  | <b>three</b> 11:21 56:3,8 | <b>Tuttle</b> 1:14 4:7    |
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| 45:4 46:1 47:3            | 41:21 44:17               | 55:2                     | 9:13 11:1,3,22            | <b>two</b> 7:17 8:7 14:4  |
| 56:9 60:2                 | 45:11 57:7                | <b>telephone</b> 2:6,11  | 12:3,19 13:3              | 14:16 16:25 17:8          |
| <b>student's</b> 20:21    | <b>surgeon</b> 23:19      | 17:22                    | 15:12 18:17               | 17:18 24:20 25:2          |
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| <b>students</b> 7:1,7     | 13:19 19:7 23:20          | 11:16 23:1 24:13         | 28:18 29:25 30:8          | <b>type</b> 6:6 16:22     |
| 12:3,15,22 13:3           | <b>surgical</b> 12:6      | 29:16 32:10 34:7         | 30:9 31:21 33:12          | 29:21 30:4 51:6           |
| 13:22 15:14,22            | <b>surprised</b> 49:16    | 35:7 37:1 42:12          | 34:3 46:16 47:16          | 52:25                     |
| 16:9 17:7 18:5            | <b>switched</b> 15:2      | 42:17 44:23              | 59:12,18 60:11            | <b>types</b> 26:8         |
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| 21:22 22:5 23:3           | 66:7                      | <b>terminate</b> 24:4    | <b>title</b> 31:10        |                           |
| 23:13,17 25:17            | <b>syllabus</b> 3:13,14   | 39:20                    |                           |                           |
| 26:4 27:21 28:4           | 32:11,14 34:8,12          | <b>terminated</b> 60:18  |                           |                           |
| 29:14,14 30:1,10          | 35:18,23                  | <b>termination</b> 3:17  |                           |                           |
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|                      |  |  | <b>X</b> 3:11   |  |
|                      |  |  |   | <b>Y</b>   |
|                      |  |  |   | <b>Yeah</b> 8:5 18:4<br>41:1,24 45:23<br>49:4 50:10<br><b>year</b> 8:2 11:19<br>14:2 32:12 33:6<br>38:10 59:21<br><b>years</b> 9:5 58:14<br><b>YouTube</b> 15:18                                       |
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|                      |  |  | <b>Z</b>  |  |
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|                      |  |  |   | <b>0</b>   |
|                      |  |  |   | <b>00222</b> 31:15<br><b>00344</b> 42:10<br><b>01464</b> 47:14<br><b>01465</b> 47:14<br><b>01776</b> 66:20<br><b>057</b> 39:5<br><b>061</b> 39:5<br><b>062</b> 44:20<br><b>063</b> 44:20               |
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| <b>variety</b> 17:15 |  |  |   |  |

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**405.744.6494** 2:11  
**42** 3:20  
**44** 3:22  
**45** 57:1  
**47** 3:23

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**5**

**5** 3:5,19 40:14,16  
**5:00** 16:18 62:14  
**5:39** 50:1  
**57** 3:6  
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**6**

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**65** 3:8  
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**7**

**7** 3:22 44:14  
**7:04** 45:15  
**7:30** 15:24 18:15  
**70%** 43:11,13,17  
56:15  
**702.925.8787** 2:6  
**73104** 1:24  
**74078** 2:11  
**7881** 2:5  
**79%** 43:7

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**8** 3:23 47:13  
**8:00** 18:16  
**89117** 2:5

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**9**

**9** 56:20



Revised: 1/15/2020

Course Prefix: VCS Course Number: 7843 Title: Anesthesiology

Credit Hours: 3

**Catalog Description:** Management of clinical anesthesia in various domestic species. Clinical anesthesia represents the integration of physiology and pharmacology into a clinical setting, and is the student's opportunity to become acquainted with typical anesthesia techniques, equipment, and drugs.

**Prerequisite:** Fourth-year standing in the College of Veterinary Medicine.

#### Instructors

Dr. Stefano DiConcetto (Instructor of Record)

Office: 201, Tel: 405-334-7265, Email: [sdicon@okstate.edu](mailto:sdicon@okstate.edu)

Dr. Kip Lemke

Office: 205, Tel: 405-744-8755, Email: [kip.lemke@okstate.edu](mailto:kip.lemke@okstate.edu)

#### General comments

It is the student's responsibility to be familiar with the content of the course syllabus and to review any material that is provided on Moodle. Feedback will be provided at the end of each case, and during the second week of the rotation. This feedback will help students understand their strengths and weaknesses, and identify specific areas where improvement is needed. This rotation depends heavily on the support of highly skilled technicians. Please treat them with kindness and respect. Remember, they will be your best friends for the next few weeks.

#### Attire

Clean scrubs and lab coats are required for most of the day. DO NOT wear scrubs into the hospital – come in your street clothes and change after you arrive. Similarly, if you leave the hospital in scrubs, you will be expected to change into new scrubs before you enter the surgery rooms. We will notify you when scrubs are not necessary and street attire is acceptable.

#### Rounds

Rounds usually start at 7:30am in the Academic Center Conference Room (ACCR), and additional rounds will occur later in the day as the caseload allows. Rounds will include discussion and review of clinical cases, as well as relevant clinical anatomy, physiology, and pharmacology. Your active participation is expected and welcome! Cases will usually be assigned on the day before the scheduled procedure. The patient record should be reviewed, a history obtained, a preanesthetic physical examination performed, and relevant diagnostic tests interpreted. Remember to focus on the major anesthetic risk factors (eg, airway management in a brachycephalic patient), and assign an ASA risk status (1-5). After the patient is evaluated, develop an anesthetic plan that minimizes the risks associated with anesthesia and the scheduled diagnostic or surgical procedures. The plan must include sedative, analgesic, and anesthetic drugs, as well as airway management, supportive care, and patient monitoring.

#### Grading

An example grading sheet has been included in the syllabus. There are both subjective and objective components to the grading. A total of 1000 points are possible for the rotation, and a letter grade is assigned based on the total points earned. However, overall scores of at least 70% on the subjective component and 70% on the objective component are necessary to receive a passing grade.

Subjective grading is determined by input from anesthesia faculty and technicians, as well as interns and residents. There are 725 points possible, divided as indicated among six skills categories. An open book quiz may also be given during the first week of the rotation.

Objective grading is determined by 1) by the PX/DX skills list provided to the students for completion and the last Friday of the rotation (25 points); and 2) an exam that is typically administered at 7am on the last



Friday of the rotation (250 points). The final exam covers the lecture notes and reading assignments on Moodle, topics discussed in rounds, and other relevant material provided by the instructors.

**Grade Scale**

- A 900 - 1000 pts
- B 800 - 899 pts
- C 700 - 799 pts
- D 600 - 699 pts
- F < 600 pts

*Failure to uphold professional standards or ethics may result in a failing grade.*

*Failure to meet your emergency service responsibilities may result in a grade reduction, in accordance with departmental policy.*

**Evaluations/PxDx Skills**

Instructor evaluations and PxDx skills lists must be completed electronically via E-Value before the end of the rotation. Completed PxDx skills lists must be submitted to the instructor for review on the last Friday of the rotation to receive 25 bonus points on the written exam. Students who do not complete their evaluations at the end of the rotation will not receive their grade until this has been completed.

**Anesthesia Core: 20/23 procedures required**

- 1) Perform a patient evaluation and assess anesthetic risk.
- 2) Develop an anesthetic plan based on your evaluation and risk assessment.
- 3) Place, secure, and verify correct placement of an IV catheter.
- 4) Place, secure, and verify correct placement of an endotracheal tube.
- 5) Select the appropriate breathing circuit, bag size, and oxygen flow rates.
- 6) Pressure test an anesthetic machine with a non-rebreathing circuit attached.
- 7) Pressure test an anesthetic machine with a rebreathing circuit attached.
- 8) Place a 3-lead ECG system, verify HR accuracy, and interpret the waveform.
- 9) Place IBP and NBP monitors, verify HR and BP accuracy, and interpret the waveform.
- 10) Place a pulse oximeter, verify HR and SpO<sub>2</sub> accuracy, and interpret the waveform.
- 11) Place a capnometer, verify RR and ETCO<sub>2</sub> accuracy, and interpret the waveform.
- 12) Monitor neurologic, respiratory, and cardiovascular function with only your senses.
- 13) Induce, maintain, monitor, and recover a patient given an IV anesthetic drug.
- 14) Induce, maintain, monitor, and recover a patient given an inhaled anesthetic drug. 15) Set up and test a ventilator, and manage a patient with controlled ventilation.
- 16) Correctly calculate doses and administer sedative, analgesic, and anesthetic drugs.
- 17) Set up and use a drip set to administer IV fluids or drugs.
- 18) Set up and use a fluid pump to administer IV fluids or drugs.
- 19) Set up and use a syringe pump to administer IV fluids or drugs.
- 20) Properly complete and sign an anesthetic record.
- 21) Fill a vaporizer with the correct inhaled anesthetic drug.
- 22) Test and change the carbon dioxide absorbent when it has expired.
- 23) Perform a central or a peripheral nerve block.

**Emergency Service**

You will be assigned primary and backup emergency service duty at the beginning of each rotation. Any changes in scheduling should be made on ALL the pertinent emergency lists at various locations in the VMTH. You must be available when you are on call, by phone (home or cell) or pager. You should be no further than 15 minutes away from the VMTH when on call. Failure to meet your emergency service responsibilities may result in a grade reduction in accordance with departmental policy.

**Absences**

Excused absences will be allowed on a limited, "first come, first serve" basis. We retain the right to refuse an absence if it will impact clinic function or your learning experience. Absences for illness or family emergencies will be allowed. Please do not come to the hospital when you are sick! Call the anesthesia induction area (405-744-7752) as soon as possible if you are going to be absent. If you are calling after hours or there is no answer, please send the instructor an email. Makeup assignments will be made on a case-by-case basis for any absences in accordance with departmental policy.

**General Expectations of Students**

By enrolling at Oklahoma State University, you accept responsibility for complying with all University policies and contracts, and for local, state and federal laws on- or off-campus that relate to the University's mission. The **Student Rights and Responsibilities Governing Student Behavior** document explains the standards of behavior expected of you, processes in place for enforcing the rules, and the University's response to violations <http://studentconduct.okstate.edu/>

In general, the University expects you to respect the rights of others and authorities, represent yourself truthfully and accurately at all times, respect private and public property, and take responsibility for your own actions and the actions of your guests. Call 405-744-5470 for more information.

**Academic Integrity**

Oklahoma State University is committed to the maintenance of the highest standards of integrity and ethical conduct of its members. This level of ethical behavior and integrity will be maintained in this course. Participating in a behavior that violates academic integrity (e.g., unauthorized collaboration on homework or assignments, plagiarism, multiple submissions of the same assignment, cheating on examinations, fabricating information, helping another person cheat, having unauthorized advance access to examinations, altering or destroying the work of others, and fraudulently altering academic records) will result in your being sanctioned. Violations may subject you to disciplinary action including the following: receiving a failing grade on an assignment, examination or course, receiving a notation of a violation of academic integrity on your transcript, and being suspended from the University. You have the right to appeal the charge. Contact the Office of Academic Affairs, 101 Whitehurst, 405-744-5627, (<http://osu.okstate.edu/acadaffr/aa/academicintegrity.htm>).

Course materials may not be copied, redistributed, published, given, leased, or sold to others, or used for any purpose other than your own individual study without the written permission of the OSU Veterinary faculty member in charge of this course. A limited license granting you access to materials for this course, including Power-point slides, audio/video recordings, written, or other material has been provided by the faculty member only as a means to ensure your successful study. Copyright and all rights of listed publications are maintained by the authors or publications as noted.

**Special Accommodations for Students**

According to the Americans with Disabilities Act, each student with a disability is responsible for notifying the University of his/her disability and requesting accommodations. If you think you have a qualified disability and need special accommodations, you should notify the instructor and request verification of eligibility for accommodations from the Office of SDS. Please advise the instructor of your disability as soon as possible, and contact Student Disability Services, to ensure timely implementation of appropriate accommodations. Faculty has an obligation to respond when they receive official notice of a disability but are under no obligation to provide retroactive accommodations. To receive

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services, you must submit appropriate documentation and complete an intake process to verify the existence of a qualified disability and identify reasonable accommodations.

**Office of Equal Opportunity (408 Whitehurst/405-744-9153)**

OSU is committed to maintaining a learning environment that is free from discriminatory conduct based on race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status. OSU does not discriminate on the basis of sex in its educational programs and activities. Examples of sexual misconduct and/or sex discrimination include: sexual violence, sexual harassment, sexual assault, domestic and intimate partner violence, stalking, or gender-based discrimination. OSU encourages any student who thinks that he or she may have been a victim of sexual misconduct or sexual discrimination to immediately report the incident to the Title IX Coordinator (405744-9153) or Deputy Title IX Coordinator (405-744-5470).

Students may also report incidents of sexual misconduct or sex discrimination to a faculty or staff member, who is then required by federal law (Title IX) to notify the Title IX or Deputy Title IX Coordinator. If a reporting student would like to keep the details confidential, the student may speak with staff in the Student Counseling Center (405-7445472) or the University's Victim Advocate (Suzanne Burks: 405-744-5458). For more information regarding Title IX violations, go to: <https://1is2many.okstate.edu/>.

For more information concerning academic affairs, including important dates and where to go for help, please go to <http://osu.okstate.edu/acadaffr/aa/CurrentStudents.htm>, and download the appropriate syllabus attachment.

| <i>Category</i>  | <i>Possible Points</i>  | <i>Points Earned</i> |
|--|-------------------------|----------------------|
| A. <b>Patient Care:</b> Clear, concise, accurate pre-anesthetic evaluation with identification of major anesthetic risk factors and ASA status.  | 100                     |                      |
| B. <b>Patient Care:</b> Performs safety checks on anesthetic machines, breathing circuits, and ventilators before the start of each case. Verifies that the correct drugs, doses, and infusion rates have been selected and calculated for each patient. Vigilant throughout the anesthetic period and aware of changes in anesthetic depth and cardiopulmonary function. Responds appropriately to changes in the patient's depth and cardiopulmonary function. Works in a timely and efficient manner. | 200                     |                      |
| C. <b>Patient Care:</b> Accurate, legible, and prompt completion of anesthetic records.  | 50                      |                      |
| D. <b>General Knowledge:</b> Demonstrates knowledge of relevant anatomy, physiology, and pharmacology during rounds and the management clinical cases. Applies this knowledge and develops logical case management plans.  | 200                     |                      |
| E. <b>Technical Skills:</b> Demonstrates the ability to perform relevant technical skills. These skills include placement of catheters and endotracheal tubes, as well as peripheral or central nerve blocks. Demonstrates the ability to use and interpret basic monitoring techniques (physical senses), as well as advanced monitoring techniques (ECG, SpO2, NIBP, IBP, ETCO2, TEMP).  | 75                      |                      |
| F. <b>Professional Conduct:</b> Professional attitude and appearance. Treats others with kindness and respect. Helps others when assistance is required. Handles equipment with care, and cleans up work stations and equipment after each case. Clear, concise, honest written and verbal communication.  | 100                     |                      |
| <i>(at least 70% required to pass rotation)</i>  | <i>Subjective Total</i> | 725                  |
| G. <b>Skills List:</b> Submits the completed PX/DX skills list to the instructor on or before the last Friday of the rotation.   | 25                      |                      |
| H. <b>Final Exam:</b> Written on last Thursday or Friday of the rotation. The exam covers all materials related to the management of clinical cases, 2 <sup>nd</sup> year lecture notes, 4 <sup>th</sup> year rounds, selected articles and book chapters, the PX/DX skills list, as well as information in the syllabus.  | 250                     |                      |
| <i>(at least 70% required to pass rotation)</i>  | <i>Objective Total</i>  | 275                  |
|  | <i>Total</i>            | 1000                 |
|  | <i>GRADE</i>            |                      |

## Information/Paperwork Flow through Anesthesia

### Anesthesia Requests

Requests for anesthesia should be submitted between 2 and 4pm on the day before the scheduled diagnostic or surgical procedure. These requests should be handed to anesthesiology technicians, and high-risk cases should be discussed with the anesthesiologist on duty. Requests submitted after the 4pm deadline may have to be postponed until the following day. All requests for anesthesia should be as complete as possible. If there is missing or inaccurate information on the request, students should ask for clarification from the service that submitted the request. Remember, you will need this information to evaluate your patient, assess risk, and develop your initial anesthetic plan.

### Anesthesia Schedule Board

The anesthesia requests will be posted on the large white vinyl board in the induction room. Scheduled diagnostic and surgical procedures, induction times, room assignments, and personnel assignments (students and technicians) will be posted. This board is FLUID and may change at any time – check it continuously!

### Patient Record

The patient record should be reviewed prior to developing your initial anesthetic plan. The patient record should be in the ward where the patient is housed (if the patient has been admitted), at the front desk (if the patient has not been admitted), or may it be with the student or clinician (if the patient has just been admitted). DO NOT attempt to formulate an anesthetic plan without first reviewing the patient record, obtaining a history, and performing a physical exam. Please notify the anesthesiology technicians if the patient record cannot be found. DO NOT TRY TO PERFORM PHYSICAL EXAMS ON DANGEROUS OR AGGRESSIVE ANIMALS. PLEASE ASK THE ANESTHESIOLOGIST ON DUTY OR THE ANESTHESIOLOGY TECHNICIANS FOR ASSISTANCE.

### Anesthesia Record

The anesthesia record is a legal document and becomes part of the patient's record. It should be filled in neatly, accurately, and completely, using BLACK INK that will not smear when it gets wet! There should be a patient ID label on both the white and yellow copies. Sign your record when completed and review it with the technician who helped you with the case. Please do not leave it laying around on a clipboard!

### Patient Identification

The identity of patients should be verified before animals are brought to the small or large animal induction areas. All patients should have the correct hospital identification collar or tag. An identification card should be placed on the cage in the small animal recovery room. All patients in the small animal recovery room must be correctly identified.

### Anesthesia Progression

For early morning cases, the anesthetic protocol, induction tray, anesthetic machine, patient monitor, IV fluid stand, and other required equipment should be organized and in place on the afternoon before the scheduled procedure.

Most of our early morning cases are premedicated between 8:00 and 8:30, and they are induced between 8:30 and 9:00. Orthopedic cases often require lengthy surgical preparation - which means you must be organized and ready to go as soon as morning rounds are finished.

**NO DRUGS SHOULD BE GIVEN UNTIL YOU HAVE BEEN GIVEN PERMISSION TO DO SO BY THE ANESTHESIOLOGIST ON DUTY. DO NOT LEAVE YOUR PATIENT UNATTENDED OR TURN YOUR BACK ON YOUR PATIENT WHEN SEDATED, ANESTHETIZED, OR ON A GURNEY. PLEASE KEEP YOUR PATIENT RESTRAINED DURING TRANSPORT!**

### Premedication

Premedications are often given intramuscularly (IM), which requires additional time for drug affects to occur. In small animals, adequate sedation is usually achieved in 20-30 minutes. Please keep this in mind when organizing your time.

Always check with the anesthesiology on duty or the anesthesiology technicians before premedicating your patient. Please ask for assistance if you need help restraining your patient. When your patient is sedated, the intravenous (IV) catheter can be placed. Remember that rapid IV fluid administration requires a large catheter! The anesthesiology technicians should supervise your initial attempts at IV catheterization. If you are having problems placing an IV catheter, please ask for help. If the first vein has been blown, you must ask for assistance before proceeding!

#### Induction

Induction of anesthesia must be supervised by the anesthesiologist on duty! Your patient should be attached to an ECG monitor, and induction of anesthesia in a cat or dog should progress as follows:

- 1) Check the patient's heart rate and rhythm, and mucous membrane color.
- 2) Administer the induction drug slowly to effect.
- 3) Press down firmly on the base of the tongue with the laryngoscope blade.
- 4) Visualize the glottis, place the endotracheal tube, and verify correct placement.
- 5) Turn on the oxygen flow meter and attach the breathing circuit to endotracheal tube.
- 6) Check the patient's heart rate and rhythm, and mucous membrane color.
- 7) Check length of endotracheal tube (the tip should not go past the thoracic inlet) 8) Secure the endotracheal tube to patient's muzzle (most dogs) or behind the ears (cats) 9) Carefully inflate the cuff of the endotracheal tube and check for leaks.
- 10) Turn on the isoflurane or sevoflurane vaporizer that is connected to the breathing circuit.
- 11) Place an esophageal stethoscope and record the initial vital signs.
- 12) Apply eye ointment (except for ophthalmology patients).
- 13) Start IV fluids (usually LRS).
- 14) Check the end-tidal CO<sub>2</sub> and the arterial blood pressure.
- 15) Do not give any additional drugs (antibiotics) for the first 10-20 min.

#### Transport

Anesthesia personnel will help you transport your patient. Do not allow others to rush you or coerce you into moving if your patient is unstable or if you are not ready for transport! Gurneys should be used to transport patients, although very small patients may be moved using a tray. Do not carry anesthetized patients in your arms! PLEASE KEEP YOUR PATIENT RESTRAINED DURING TRANSPORT!

#### Postoperative Care

The anesthesiology student is responsible for the patient until it is extubated and it capable of maintaining sternal recumbency. There should be no water or food bowls in the recovery cage. Some patients are recovered in the ICU or in another area designated by anesthesiology staff. If the patient is recovered in the ICU, a "Post-Anesthesia Recovery Form" should be submitted to the ICU staff. Patients in the anesthetic recovery room may be returned to the ward when their temperature is normal and they can walk. PLEASE WATCH YOUR PATIENT CLOSELY THROUGHOUT THE RECOVERY SEQUENCE. AN INTUBATED PATIENT MUST NEVER BE LEFT ALONE! DO NOT RETURN A PATIENT TO THE WARD WITH AN IV CATHETER IN PLACE!

#### Cleaning

Please place the patient monitor sensors and cables neatly in the basket on the monitor to ensure that they are not damaged. Everything that went with you into the medicine or surgery room, should come out with you on your gurney. Endotracheal tube ties should be removed and placed in the sink. Esophageal stethoscopes should be cleaned and placed behind the sink faucet. PLEASE DO NOT SUBMERGE THE ESOPHAGEAL STETHOSCOPES!

#### ASA Classification

The American Society of Anesthesiologists (ASA) physical status classification serves as guide to predict the anesthetic risks associated with different types of clinical patients and procedures. The five ASA classes are listed below.

ASA 1: Normal healthy patients  
ASA 2: Patients with mild systemic disease  
ASA 3: Patients moderate systemic disease  
ASA 4: Patients with severe systemic disease that is a constant threat to life  
ASA 5: Moribund patients that are not expected to survive  
ASA 1-5E: Emergency modifier for patients that require rapid assessment

#### Check List

##### IV Catheter

Scrub/alcohol to disinfect catheterization site  
IV catheter (appropriate size and length)  
Strips of tape, one narrow, one wide  
T-port or injection cap, flushed  
Heparinized saline flush (at least 3)

##### Intubation

3 Endotracheal tubes (appropriate size and length)  
Tie for securing ET tube  
Syringe to inflate ET tube cuff  
Laryngoscope with appropriate blade

##### Anesthetic Machine

Connect oxygen and scavenger hoses  
Connect correct vaporizer  
Attach the correct breathing system  
    Non-rebreathing system for patients < 5-10 kg  
    Rebreathing system for patients > 5-10 kg  
Perform a low pressure leak test (Remember to open the pop-off valve!)  
Check the anesthetic level in vaporizer  
Check the O<sub>2</sub> flow with flow meter  
Check the CO<sub>2</sub> absorbent

##### Monitoring

ECG, Indirect BP (ASA 1-2), Direct BP (ASA 3-5)  
ETCO<sub>2</sub>, Pulse oximetry  
Esophageal stethoscope  
Continuous temperature probe  
Artificial tears for lubricating eyes

##### Fluids

IV fluids (usually LRS) and administration set  
If a fluid pump is available, use a 10 drop/mL IV set  
If a fluid pump is unavailable, use a 10 drop/mL IV set for patients > 10 kg  
If a fluid pump is unavailable, use a 60 drop/mL IV set for patients < 10 kg

##### Additional Sources (Not required for the Exams)

- Lumb & Jones Veterinary Anesthesia and Analgesia, 5<sup>th</sup> ed. KA Grimm, LL Lamont, WJ Tranquilli, SA Greene, SA Robertson, eds. Wiley-Blackwell, Ames, 2015.
- Handbook of Veterinary Anesthesia, 5<sup>th</sup> ed. WW Muir, et al, eds. Mosby-Year Book, St. Louis, 2013.

- **Small Animal Anesthesia and Analgesia**, GL Carroll, ed. Blackwell, 2008.
- **BSAVA Manual of Small Animal Anesthesia and Analgesia**, 2<sup>nd</sup> ed. Seymour and Gleed, eds. Blackwell, 2007.
- **Handbook of Veterinary Pain Management**, JS Gaynor, WW Muir, et al, eds. Mosby-Year Book, St. Louis, 2009.
- **Pain Management in Veterinary Practice**, CM Egger, L Love, T Doherty, eds. Wiley & Sons, Incorporated, John 2013.
- **Veterinary Anesthesia and Pain Management Secrets**, S. Greene, ed. Hanley and Belfus Inc., Philadelphia, 2002.
- **Small Animal Regional Anesthesia and Analgesia**, L Campoy, MR Read, eds. Wiley-Blackwell, Ames, 2013.
- **Fluid, Electrolyte, and Acid Base Disorders in Small Animal Practice**, 4th ed. SP Dibartola. St. Louis, Mo; London: Saunders Elsevier, 2011.
- **Farm Animal Anesthesia**, HC Lin, P Walz, eds. Wiley-Blackwell, Ames, 2014.
- **Equine Anesthesia, Monitoring and Emergency Therapy**. WW Muir et al, eds. Mosby-Year Book, St. Louis, 2009.
- **Manual of Equine Anesthesia and Analgesia**, T Doherty and A Valverde, eds. Blackwell, 2006.

**VCS 7843 REVISED COURSE SYLLABUS**  
**Covid-19 Outbreak Emergency Plan**

**Course Prefix:** VCS    **Course Number:** 7843    **Course Title:** Anesthesiology Clinic

**Credit Hours:** 3 (three)    **Duration:** 3 (three) weeks

**Prerequisite:** Fourth-year standing in the College of Veterinary Medicine.

**Date:** March 20, 2020

**NOTE:** *this document is likely to undergo revisions and modifications depending on how the Covid-19 emergency evolves. Revised versions will be regularly posted on Moodle.*

**Course Personnel**

Anesthesiologists: Dr. Stefano Di Conetto (Instructor of Record - IOR)

Office: 201, Email: [sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)

Dr. Kip Lemke (Instructor)

Office: 205, Tel: 405 744 8755, Email: [kip.lemke@okstate.edu](mailto:kip.lemke@okstate.edu)

Anesthesia Technicians: Mrs. Mayte Aleman-Carter, MS, RVT

Ms. Arantxa Lasa, RVT

Mrs. Shalee Ready, RVT

Mrs. Sue McKenzie, RVT

Administrative Support: Mrs. Marie Hughes <[marie.hughes@okstate.edu](mailto:marie.hughes@okstate.edu)>

**Course Description**

This course discusses the management of clinical anesthesia in various domestic species. Clinical anesthesia represents the integration of physiology and pharmacology into a clinical setting, and offers students the opportunity to become acquainted with common anesthesia techniques, equipment, and drugs.

**Introduction**

The Spring 2020 Covid-19 nationwide outbreak has imposed severe restriction to the daily operations of the Boren Veterinary Medical Teaching Hospital. As a consequence, student access



to the building is not allowed and the anesthesia rotation cannot follow the traditional format. The anesthesia team will do their best to provide a valuable learning experience compatibly with a rapidly evolving and unpredictable national emergency situation.

### **Orientation and rounds**

On the first Monday of the rotation at 9:00 am students will join the instructor on a Skype group call for a general orientation. During the remainder of the rotation, rounds will take place via Skype group call as follows:

Morning – 9:00 am

Evening – 4:00 pm

The rounds group call platform, schedule and structure may change and changes will be notified by the instructor via email. Students must check their OSU email account before joining each daily conference call.

Students are expected to actively participate in rounds and be prepared to discuss and present to the rest of the group and the instructor their case work-up, anesthesia-related topics, journal reviews, presentations and reading assignments, including those posted on Moodle.

Food consumption, use of personal cell phone and other activities not related to the anesthesia rotation are not allowed during rounds.

### **Case work-up**

Whenever possible, virtual case will be assigned during morning rounds. Additional cases may be assigned if they are added to the schedule during the day. Each student will present the assigned case during evening rounds the same day or during rounds the following day/s.

Case information can be obtained from Uvis. All the information on the patient, as well as the suggested anesthetic plan, must be written on the **anesthetic plan worksheet** before the students presents the case in rounds.

### **Emergency Service**

Students will sign up for emergency service duty at the beginning of the rotation. It is the student's responsibility to notify the instructor about any changes in scheduling. Students must be reachable by phone (home or cell) and will be informed about the nature of the emergency and, whenever possible, provided with blood tests and other diagnostic information. The emergency anesthetic plan will have to be presented during rounds the following day.

### **Absences**

Absences will be allowed on a limited, "first come, first serve" basis for a maximum of two days. All absence requests (personal, medical or a family emergency) shall be sent by email to the IOR and to Marie Hughes.

### **Anesthesia Record**

The anesthesia record that is completed for each patient is a legal document and it is part of a patient's medical record. A properly kept anesthesia record demonstrates the knowledge, competence, patient care and familiarity with drugs and legal requirements of the individual who completes it. While it may not be possible for students to practice anesthesia record keeping during the on-line rotation, students should be aware that information and intraoperative events must be recorded in a correct, legible, logical and coherent manner. All the drugs administered to a patient, including the controlled substances subject to Drug Enforcement Administration regulations, must be recorded exclusively in total milligrams.

### **Simulation Technology & Video Training**

OSU CVM is currently exploring options for additional training opportunities using simulation technology and live streaming during the Covid-19 emergency.

### **Learning Objectives**

By the end of the on-line rotation, each student should be able to prepare an anesthetic plan for a small or large animal case based on:

- Review and analysis of a patient's medical history;
- Review of the surgical/medical aspects of the planned procedure;
- Review and analysis of the pre-anesthetic diagnostic tests, including radiographs, and proposal of additional relevant tests if appropriate;
- Assigning the appropriate ASA status;
- Developing a complete anesthetic plan that includes fluid therapy, intra- and postoperative analgesia, postoperative patient care;
- Discussing the anticipated anesthetic and procedural complications and proposing a treatment plan for each;

### Grading

The student's performance is graded based on the assessment of foundation knowledge demonstrated during case and topic discussion and presentation, assignments, questions and answers in rounds and a final written exam, professional conduct, and if possible clinical skills demonstrated with simulation technology.

### Evaluations

Performance evaluations and final grade will be completed electronically and posted on E-Value by the IOR within one week from the end of the rotation. Students will only be able to review their performance evaluation and rotation grade after completing their online evaluation of the course.

### Additional Sources (Not required for the Exams)

- **Lumb & Jones Veterinary Anesthesia and Analgesia**, 5<sup>th</sup> ed. KA Grimm, LL Lamont, WJ Tranquilli, SA Greene, SA Robertson, eds. Wiley-Blackwell, Ames, 2015.
- **Handbook of Veterinary Anesthesia**, 5<sup>th</sup> ed. WW Muir, et al, eds. Mosby-Year Book, St. Louis, 2013.
- **Small Animal Anesthesia and Analgesia**, GL Carroll, ed. Blackwell, 2008.
- **BSAVA Manual of Small Animal Anesthesia and Analgesia**, 2<sup>nd</sup> ed. Seymour and Gleed, eds. Blackwell, 2007.
- **Handbook of Veterinary Pain Management**, JS Gaynor, WW Muir, et al, eds. Mosby-Year Book, St. Louis, 2009.
- **Pain Management in Veterinary Practice**, CM Egger, L Love, T Doherty, eds. Wiley & Sons, Incorporated, John 2013.
- **Veterinary Anesthesia and Pain Management Secrets**, S. Greene, ed. Hanley and Belfus Inc., Philadelphia, 2002.
- **Small Animal Regional Anesthesia and Analgesia**, L Campoy, MR Read, eds. Wiley-Blackwell, Ames, 2013.
- **Fluid, Electrolyte, and Acid Base Disorders in Small Animal Practice**, 4th ed. SP Dibartola. St. Louis, Mo; London: Saunders Elsevier, 2011.
- **Farm Animal Anesthesia**, HC Lin, P Walz, eds. Wiley-Blackwell, Ames, 2014.
- **Equine Anesthesia, Monitoring and Emergency Therapy**. WW Muir et al, eds. Mosby-Year Book, St. Louis, 2009.
- **Manual of Equine Anesthesia and Analgesia**, T Doherty and A Valverde, eds. Blackwell, 2006.

**From:** Rivera-pierola, Jonathan <[jonariv@ostatemail.okstate.edu](mailto:jonariv@ostatemail.okstate.edu)>  
**Sent:** Tuesday, April 07, 2020 6:19 PM CDT  
**To:** Di Conetto, Stefano <[sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)>  
**Subject:** Re: Access to Moodle folder for Rotation 16  
**Attachment(s):** "CaseStudyFeline#3Qs.png", "CaseStudyCanine#2Q.png"

Hello Dr. Di,

I noticed an issue I was worried about for grading purposes regarding my case study answer submissions for the anesthesiology rotation after gaining access again to the Moodle rotation 16 folders this morning by Lucy.

1. There was a situation for Case Study Feline#3Q where I submitted my answers before the due date time in the red circle (shown picture attached which was on time before due date), however, it says the assignment was submitted 7 days 19 hours late on time remaining. I wanted to be sure with you that it was not turned in late as Moodle describes it being days "late".

2. For Case Study #2 Canine, there were two of the same "Case Study #2 Canine" for grading. One of them being submitted on time since I used that one to submit my assignment, the other was seen this morning in the folder in which I attached the same assignment in case it was necessary to be seen in that one. (See 2nd pic)

I just want to make sure there are no misunderstandings regarding not being submitted on time on Moodle, as this is my first time having issues as I want to do my best for this rotation.

Regards,

Jonathan Rivera-Pierola

On Tue, Apr 7, 2020 at 2:15 PM Rivera-pierola, Jonathan <[jonariv@ostatemail.okstate.edu](mailto:jonariv@ostatemail.okstate.edu)> wrote:  
Hello Dr. Di,

attached is my Equine#2 case study Qs. I also added it on moodle now that I have access to it. Thank you.

Regards,

Jonathan Rivera-Pierola

On Tue, Apr 7, 2020 at 11:23 AM Rivera-pierola, Jonathan <[jonariv@ostatemail.okstate.edu](mailto:jonariv@ostatemail.okstate.edu)> wrote:  
Dr. Di.,

Just to let you know, Lucy contacted me and I now have access to the Rotation 16 folder again on Moodle. Thank you.

Regards,

Jonathan Rivera-Pierola

On Tue, Apr 7, 2020 at 11:05 AM Rivera-pierola, Jonathan <[jonariv@ostatemail.okstate.edu](mailto:jonariv@ostatemail.okstate.edu)> wrote:  
Dr. Di,

just to give you a picture of what it shows on my end. I was able to access for prior cases and case studies due to links being outside the Rotation 16 folder before. Thank you for the link, I will send you an email before 3 pm with my answers.

Regards,

Jonathan Rivera-Pierola

On Tue, Apr 7, 2020 at 10:52 AM Di Conetto, Stefano <[sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)> wrote:

You should have told me immediately. I am re-attaching here the case study for tonight. Email be back your answers by 3.00 pm today.

SD

---

**From:** Rivera-pierola, Jonathan <[jonariv@ostatemail.okstate.edu](mailto:jonariv@ostatemail.okstate.edu)>  
**Sent:** Tuesday, April 7, 2020 10:49 AM  
**To:** Di Conetto, Stefano <[sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)>  
**Subject:** Re: Access to Moodle folder for Rotation 16

Hey Dr. Di,

I have been having issues since the end of last week, I noticed I am not able to see the cases and case study submissions available on the Rotation 16 link on Anesthesia clinic page on Moodle



On Tue, Apr 7, 2020 at 10:47 AM Di Concetto, Stefano <[sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)> wrote:  
Jonathan,

you mentioned having problems accessing the Moodle folder. When did you start having this problem?  
Please clarify.

Thanks,

SD

4/24/2020

Oklahoma State University Mail - EARLY TERMINATION OF ANESTHESIA ROTATION



Rivera-pierola, Jonathan &lt;jonariv@ostatemail.okstate.edu&gt;

## EARLY TERMINATION OF ANESTHESIA ROTATION

6 messages

**Di Concello, Stefano** <sdiconc@okstate.edu> Fri, Apr 10, 2020 at 3:17 PM  
 To: Huma Valji <humavalji@gmail.com>, Tiffany Chisholm <tiffanylchisholm@gmail.com>, "Barritt, Alisha L" <alisha.barritt@okstate.edu>, "Kraft, Trey" <trey.kraft@okstate.edu>, "Larrabee, Kyre Ellen" <kyre.larrabee@okstate.edu>, "Mizuno, Hisato" <hmizuno@okstate.edu>, "Powell, Aubrey" <aubrey.powell10@okstate.edu>, "Stuart, Megan" <megan.stuart@okstate.edu>, "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>  
 Cc: "Burba, Daniel" <dburba@okstate.edu>, "Gilmour, Margi" <margi.gilmour@okstate.edu>

Hello students in anesthesia rotaon 16,

As you know this has been a very trying me f or everyone; we understand this is not how you expected to spend your anesthesia rotaon. In addion, it w as also not our expectaon t o run a service without any students. As professionals, though, it is an expectaon tha t our student colleagues demonstrate paence, under standing and posiv e attitudes.

Unfortunately, I am disappointed with the negav e attitude and comments that have been displayed by this rotaon group. Unbeknownst to you, a comment was overheard on Wednesday 4/8 by faculty and staff that was completely unacceptable. The comment: "Thank God we have only two more days of this s\*\*\*" is unprofessional- it should have been met with stronger push back from parcipa ng s tudents.

Additionally , if you were in the clinics, you would be expected to be available from 7a-5p and be on-call; as such, it is an expectaon tha t you are available for rounds/case discussions/etc. from 7a-5p. Given the situaon w e are experiencing with Covid, I have not objected to you taking me a way from your computer to take a break from learning and disperse in between morning and a. ernoon rounds, to run errands or else. Perhaps I should have been clearer from the beginning. Your job was to be engaged full me in this r otaon, which a t mes means o verworking. Spending longer than expected periods of me on the c omputer during this virtual rotaons is equiv alent to being here all day doing one case after the other, without me t o eat or take a break. Many students in previous rotaon had to do so.

I have been working r elessly to provide you with as much 'in the moment' learning as possible; this is not an easy task. I would have appreciated a more collegial response from students who are about to join this profession in a few weeks. I am disheartened that you are not working r elessly as we are in the hospital to get the most out of this rotaon t ogether. I appreciate the students who have not complained and who have put in the me and e ffort to make this experience worthwhile.

As clinic expectaons gr ow and my physical and mental resources are overstretched, I believe it will be in our best interest to terminate the anesthesia rotaon a t this me, 2:15 pm, Frida y April 10th, 2020. Today's afternoon rounds are cancelled.

Your grades will be posted someme ne xt week.

Best,

Stefano Di Concello



Trey Kraft <wallaek@ostatemail.okstate.edu>  
 To: "Di Concello, Stefano" <sdiconc@okstate.edu>

Plaintiff.057  
 Fri, Apr 10, 2020 at 4:09 PM

4/24/2020

Oklahoma State University Mail - EARLY TERMINATION OF ANESTHESIA ROTATION

Cc: Huma Valji <humavalji@gmail.com>, Tiffany Chisholm <tiffanychisholm@gmail.com>, "Barritt, Alisha L" <alisha.barritt@okstate.edu>, "Kraft, Trey" <trey.kraft@okstate.edu>, "Larrabee, Kyre Ellen" <kyre.larrabee@okstate.edu>, "Mizuno, Hisato" <hmizuno@okstate.edu>, "Powell, Aubrey" <aubrey.powell10@okstate.edu>, "Stuart, Megan" <megan.stuart@okstate.edu>, "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>, "Burba, Daniel" <dburba@okstate.edu>, "Gilmour, Margi" <margi.gilmour@okstate.edu>

Dr. Di,

I want to speak on behalf of the whole group in saying we didn't mean to make you feel unappreciated and upset you. We understand that you were doing your best under the current conditions.

On our end we are all working double time to take care of school in the midst of this pandemic and times are stressful. We should've been better at supporting each other and you.

Again I'm sorry we made you feel bad - you are appreciated and you went above and beyond to get us the best experience.

Best,

Trey Kraft

On Apr 10, 2020, at 2:17 PM, Di Conetto, Stefano <sdiconc@okstate.edu> wrote:

[Quoted text hidden]

**Larrabee, Kyre** <kyrel@ostatemail.okstate.edu>  
 To: "Di Conetto, Stefano" <sdiconc@okstate.edu>  
 Cc: Huma Valji <humavalji@gmail.com>, Tiffany Chisholm <tiffanychisholm@gmail.com>, "Barritt, Alisha L" <alisha.barritt@okstate.edu>, "Kraft, Trey" <trey.kraft@okstate.edu>, "Larrabee, Kyre Ellen" <kyre.larrabee@okstate.edu>, "Mizuno, Hisato" <hmizuno@okstate.edu>, "Powell, Aubrey" <aubrey.powell10@okstate.edu>, "Stuart, Megan" <megan.stuart@okstate.edu>, "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>, "Burba, Daniel" <dburba@okstate.edu>, "Gilmour, Margi" <margi.gilmour@okstate.edu>

Fri, Apr 10, 2020 at 4:19 PM

Dr. Di Conetto,

This email has come as a shock to many of us. I completely understand how trying this situation is for all parties involved and many of us in this rotation have commented several times how hard this must be for clinicians to alter their teaching styles. We have mentioned many times through the technical challenges how we admire how hard you were trying for us. It did not go unnoticed.

As for the comment that was mentioned on Wednesday, although I do not know who stated it but as a group we all agree that it is highly unprofessional. Yes, we may all get frustrated at times but we recognize as future colleagues that it is unacceptable.

We also understand that if we were able to be in the clinic that we would be expected to be available from 7am-5pm. I know your job hasn't been made any easier by having to take on double duty at the hospital while we are gone. If I may say without offending you, the set of expectations as far as the scheduling were made with students understanding that the student on-call would be available throughout the day when they were scheduled. Many of us, since we are unable to come to OSU-VTH, have moved home and started working at their respective jobs or are working other jobs throughout the day. It seemed frustrating for the group to have erratic times to access our computers when we thought we were scheduled for rounds at 9:00am and 3:30pm. I am sincerely asking you to not take this in disrespect. Lastly, if I may defend myself this morning, we had been on the computer for 4 hours already and I merely suggested we take a break and reconvene at our afternoon rounds to discuss the protocols for the cases in surgery. I know you expect us to be on the computer virtually to be equivalent to being in person, but it is extremely hard to stay focused and stay motivated at a desk. There are so many factors that I feel we should consider when learning online. I know I can speak for others on this rotation that we would wholeheartedly rather be in the hospital working alongside than behind our computer screen.

Plaintiff 058

4/24/2020

Oklahoma State University Mail - EARLY TERMINATION OF ANESTHESIA ROTATION

Dr. Di, we have been putting in the effort and I can proudly state that we have put together a collection of anesthesia material to take with us to practice. My rotation-mates and myself have been working on taking notes from everything we talk about and this document is over 40 pages long. Not to mention all of the material that we have been researching and storing.

I know this was extremely challenging for you and after working with you personally to help with some technical glitches, I'm extremely proud of you as a clinician. I know you hate technology, but you have come leaps and bounds in preparing for this rotation while learning along the way. I do not want you to leave this rotation with a bad taste in your mouth. If you would like to reconsider having afternoon rounds we will all be available at 3:30pm and we also have the case protocols for today's surgery cases prepped and ready to present.

Sincerely,

*Kyre E. Larrabee*

*National Student AVMA Immediate Past President  
Zoetis Student Representative, OSU-CVHS Ambassador  
Zuku Review Student Representative  
OSU Center for Veterinary Health Sciences, 2020*

Phone. 620-635-0442

Email. kyre.larrabee@okstate.edu

[Quoted text hidden]

**Mizuno, Hisato** <hmizuno@ostatemail.okstate.edu>

Fri, Apr 10, 2020 at 4:36 PM

To: Huma Valji <humavalji@gmail.com>, Tiffany Chisholm <tiffanylchisholm@gmail.com>, "Barritt, Alisha L" <alisha.barritt@okstate.edu>, "Kraft, Trey" <trey.kraft@okstate.edu>, "Larrabee, Kyre Ellen" <kyre.larrabee@okstate.edu>, "Stuart, Megan" <megan.stuart@okstate.edu>, "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>, "Powell, Aubrey" <aubrey.powell10@okstate.edu>

Hisato D Mizuno  
(310) 612-6426  
hmizuno@okstate.edu

----- Forwarded message -----

From: **Mizuno, Hisato** <hmizuno@ostatemail.okstate.edu>

Date: Fri, Apr 10, 2020 at 3:10 PM

Subject: Re: EARLY TERMINATION OF ANESTHESIA ROTATION

To: Di Concetto, Stefano <sdiconc@okstate.edu>

Dear Dr. Di,

Thank you very much for the past 3 weeks.

Regardless of the unprecedented situation, we were definitely encouraged by your enthusiasm and felt that we are effectively learning as much as we can in this unexperienced circumstance. I felt very happy being in this rotation, being able to learn a lot despite this condition, until I received the email that you were upset.

I assume we were one of the busiest rotations, which I am really grateful for since it was impossible to have the opportunity to do an in-hospital experience for now. That wouldn't have been accomplished without Dr. Di, all the anesthesia team and OSU's efforts.

I am very sorry for the words remote from our intentions. I do not recall who said that but I think that was not an intention. We definitely had difficulty not only with online education but also from the occasional bad connection. Indeed, we sometimes got kicked out of the meeting. It was not uncommon having voices break up, video freezing and difficult to understand. Although, that would not be an excuse to show an unprofessional attitude.

Honestly, I hope that I can continue this anesthesia rotation, learn more and more from you and finish it. Again, I am very sorry to betray your expectations.

Sincerely,

Plaintiff 059

4/24/2020

Oklahoma State University Mail - EARLY TERMINATION OF ANESTHESIA ROTATION

Hisato D Mizuno  
 (310) 612-6426  
 hmizuno@okstate.edu

On Fri, Apr 10, 2020 at 2:17 PM Di Conchetto, Stefano <sdiconc@okstate.edu> wrote:  
 [Quoted text hidden]

**Jonathan Rivera-pierola** <jonariv@ostatemail.okstate.edu>

Fri, Apr 10, 2020 at 6:55 PM

To: "Di Conchetto, Stefano" <sdiconc@okstate.edu>  
 Cc: Huma Valji <humavalji@gmail.com>, Tiffany Chisholm <tiffanylchisholm@gmail.com>, "Barritt, Alisha L" <alisha.barritt@okstate.edu>, "Kraft, Trey" <trey.kraft@okstate.edu>, "Larrabee, Kyre Ellen" <kyre.larrabee@okstate.edu>, "Mizuno, Hisato" <hmizuno@okstate.edu>, "Powell, Aubrey" <aubrey.powell10@okstate.edu>, "Stuart, Megan" <megan.stuart@okstate.edu>, "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>, "Burba, Daniel" <dburba@okstate.edu>, "Gilmour, Margi" <margi.gilmour@okstate.edu>

These are very stressful times, and the school has really done us a service to offer this class virtually. They are really doing their part to keep us safe from this virus and we should honor and appreciate them for doing it. I know that this virus is touching our lives in very personal ways, but we should take this opportunity to learn to be more patient and understanding and try to put ourselves in others shoes before speaking. I know that every person in this class is grateful to Dr. Di and the school for this opportunity and I'm sure that nothing that was said was with ill will. As Americans, we have never been placed in a situation where we feel such impotence. This sometimes makes us react to the situation without elegance. I am confident that through this discussion we can find the opportunity to see our parts in this situation and correct them for the future. Life is about learning, and sometimes learning through our mistakes to make us better people.

We appreciate you and all your efforts!

Regards,

Jonathan Rivera-Pierola, MPH

On Apr 10, 2020, at 2:17 PM, Di Conchetto, Stefano <sdiconc@okstate.edu> wrote:

[Quoted text hidden]

**Huma Valji** <humavalji@gmail.com>

Fri, Apr 10, 2020 at 7:32 PM

To: "Di Conchetto, Stefano" <sdiconc@okstate.edu>  
 Cc: Tiffany Chisholm <tiffanylchisholm@gmail.com>, "Barritt, Alisha L" <alisha.barritt@okstate.edu>, "Kraft, Trey" <trey.kraft@okstate.edu>, "Larrabee, Kyre Ellen" <kyre.larrabee@okstate.edu>, "Mizuno, Hisato" <hmizuno@okstate.edu>, "Powell, Aubrey" <aubrey.powell10@okstate.edu>, "Stuart, Megan" <megan.stuart@okstate.edu>, "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>, "Burba, Daniel" <dburba@okstate.edu>, "Gilmour, Margi" <margi.gilmour@okstate.edu>

Dr DiConchetto,

I sincerely apologize for any disrespect my colleagues and I have shown you. I truly appreciate all your efforts to go above and beyond to teach us as much as possible. Despite our limitations with online rotations, I was able to expand my foundation in anesthesia.

Once again I sincerely apologize on behalf of all my colleagues. Thank you so much for going the extra mile.

Thanks,  
 Huma Valji

Sent from my iPhone

Plaintiff 060

4/24/2020

Oklahoma State University Mail - EARLY TERMINATION OF ANESTHESIA ROTATION

On Apr 10, 2020, at 2:17 PM, Di Conetto, Stefano <sdiconc@okstate.edu> wrote:

Hello students in anesthesia rotation 16,

[Quoted text hidden]

Plaintiff 061

**From:** Gilmour, Margi  
**Sent:** Friday, April 10, 2020 3:25 PM CDT  
**To:** Di Concello, Stefano <sdiconc@okstate.edu>  
**CC:** Burba, Daniel <dburba@okstate.edu>; Reichard, Mason <mason.reichard@okstate.edu>  
**BCC:** Wilson, Robin <robin.wilson@okstate.edu>  
**Subject:** RE: EARLY TERMINATION OF ANESTHESIA ROTATION

Unfortunately I don't think I can let it go as other students heard it and that sets the stage for condoning the behavior. Doing nothing about an action is the same as condoning the action. We just went through this with another student and I believe consistency is critical and the only way to be fair.

**From:** Di Concello, Stefano <sdiconc@okstate.edu>  
**Sent:** Friday, April 10, 2020 3:10 PM  
**To:** Gilmour, Margi <margi.gilmour@okstate.edu>  
**Cc:** Burba, Daniel <dburba@okstate.edu>; Reichard, Mason <mason.reichard@okstate.edu>  
**Subject:** Re: EARLY TERMINATION OF ANESTHESIA ROTATION

Hello,

I consulted with Dr. Burba and other faculty before sending that email. I had gotten over the comment made on 4/8 by telling the students that 'the enemy is still listening' i.e. I was still online - an attempt to turn a tense situation into a joke. I think they were exasperated by the poor internet connection and the screen of my smart phone freezing, as well as my limited techno skills.

But then today they had grand rounds from 8 to 9, anesthesia quiz from 9.15 to 10.15 and my zoom rounds scheduled for 10.30. I was unable to call them until about an hour later because we had only one anesthesia tech and two cases going simultaneously. When I finally called them and showed them cases under anesthesia around the hospital walking with my laptop, and asked them to prepare plans for the next scheduled case, one of them - talking on behalf of the group - said that they had already spent almost four hours on the computer and asked if it was possible to discuss their protocols in evening rounds so they could take a break from the screen.

I initially agreed but then, in seeing me, Sue, the surgery teams and house officer in LA and SA running around while the students took a break from the computer screen, I felt it was a little too much.

I would prefer not to single out the one student who made the comment on 4/8 as I think who it is but am not 100% sure.

I have considered taking away some points from each student for professionalism in the rotation grade but even that is not fair to those in the group who worked really hard and have already apologized back to me.

I guess the outcome of this is that the next rotations will be glued to the screen as the rumor will spread quickly. So let's use this situation as a teaching tool so they know what is expected of them.

SD

**From:** Gilmour, Margi <margi.gilmour@okstate.edu>  
**Sent:** Friday, April 10, 2020 2:54 PM  
**To:** Di Concello, Stefano <sdiconc@okstate.edu>  
**Cc:** Burba, Daniel <dburba@okstate.edu>; Reichard, Mason <mason.reichard@okstate.edu>  
**Subject:** RE: EARLY TERMINATION OF ANESTHESIA ROTATION

Hi Stefano,

I just got out of "meetings" and saw both of your emails. I assume this is what you wanted me to call about? I'm sorry you had to experience the unprofessional comment. I am sure it was not the feeling of the majority of students as I have been hearing many positive, grateful and appreciative comments from students for what the clinical faculty are providing. If you know who made the comment, please let me know as the Professional Standards Committee addresses these issues, and I feel it is important to make a stand that unprofessionalism and disrespect is not tolerated.

Thank you. I wish you a quiet weekend!

Margi

**From:** Di Concello, Stefano <sdiconc@okstate.edu>  
**Sent:** Friday, April 10, 2020 2:17 PM  
**To:** [REDACTED]  
[REDACTED]  
[REDACTED]  
Rivera-Pierola, Jonathan <jonany@okstate.edu>  
**Cc:** Burba, Daniel <dburba@okstate.edu>; Gilmour, Margi <margi.gilmour@okstate.edu>  
**Subject:** EARLY TERMINATION OF ANESTHESIA ROTATION



Hello students in anesthesia rotation 16.

As you know this has been a very trying time for everyone; we understand this is not how you expected to spend your anesthesia rotation. In addition, it was also not our expectation to run a service without any students. As professionals, though, it is an expectation that our student colleagues demonstrate patience, understanding and positive attitudes.

Unfortunately, I am disappointed with the negative attitude and comments that have been displayed by this rotation group. Unbeknownst to you, a comment was overheard on Wednesday 4/8 by faculty and staff that was completely unacceptable. The comment: "Thank God we have only two more days of this s\*\*\*" is unprofessional- it should have been met with stronger push back from participating students.

Additionally, if you were in the clinics, you would be expected to be available from 7a-5p and be on-call; as such, it is an expectation that you are available for rounds/case discussions/etc. from 7a-5p. Given the situation we are experiencing with Covid, I have not objected to you taking time away from your computer to take a break from learning and disperse in between morning and afternoon rounds, to run errands or else. Perhaps I should have been clearer from the beginning. Your job was to be engaged full time in this rotation, which at times means overworking. Spending longer than expected periods of time on the computer during this virtual rotations is equivalent to being here all day doing one case after the other, without time to eat or take a break. Many students in previous rotation had to do so.

I have been working tirelessly to provide you with as much 'in the moment' learning as possible; this is not an easy task. I would have appreciated a more collegial response from students who are about to join this profession in a few weeks. I am disheartened that you are not working tirelessly as we are in the hospital to get the most out of this rotation together. I appreciate the students who have not complained and who have put in the time and effort to make this experience worthwhile.

As clinic expectations grow and my physical and mental resources are overstretched, I believe it will be in our best interest to terminate the anesthesia rotation at this time, 2:15 pm, Friday April 10th, 2020. Today's afternoon rounds are cancelled.

Your grades will be posted sometime next week.

Best,

Stefano Di Concello

**From:** Di Concello, Stefano  
**To:** Gilmour, Margi  
**Cc:** Naff, Adam; Kershaw, Lucinda  
**Subject:** Jonathan Rivera  
**Date:** Friday, April 17, 2020 2:23:04 PM

|                               | Possible Points | John Rivera |
|-------------------------------|-----------------|-------------|
| General knowledge             | 200             | 140         |
| Case work-up and presentation | 100             | 80          |
| Assignments and topics        | 100             | 85          |
| Professional conduct          | 100             | 90          |
| TOT                           | 500             | 395         |
|                               |                 | 79%         |
| Written exam                  | 150             | 99.6        |
|                               |                 | 66.4%       |

Hello,

before making Jonathan's grades official I wanted to touch base as I understand his situation is quite delicate. Below is what I wrote in his assessment.

Given the nature of the Covid emergency and the rapid adjusting to online teaching needed, I did my best to try and take notes on what each student said every day. However, I am not in the position to provide a detailed report.

My subjective assessment (see below in red) is that Jonathan's performance was at a C level, he did reasonably well in the open book assignments and was not super-active in rounds. He bombed the final exam and given the fact that there is not assessment of his clinical competencies, the exam remains the most objective way to evaluate his performance. Note that the exam grade would have been even lower: I gave three points back to everyone.

I thought it might be worth giving him the opportunity to repeat the rotation once things are back to normal and we can work with him in the clinics.

Let me know what you think.

SD

Jonathan Rivera

This evaluation is based on subjective and objective assessment of your foundation knowledge of anesthesia, physiology, pathophysiology and other disciplines relevant to anesthesia. Due to the

Board



restrictions imposed by the on-line activity, this assessment does not include your clinical competencies and only partly reflects your ability to apply theoretical knowledge to clinical scenarios.

My overall impression is that your foundation knowledge and understanding of anesthesia and related physiology and pathophysiology is not as strong as it should be at this point in your curriculum. There seem to be areas of weakness and lack of clarity and unfortunately the outcome of the written exam confirms this.

4/24/2020

Oklahoma State University Mail - Anesthesia roation



Rivera-pierola, Jonathan &lt;jonariv@ostatemail.okstate.edu&gt;

**Anesthesia roation**

4 messages

**Di Concetto, Stefano** <sdiconc@okstate.edu>  
 To: "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>

Mon, Apr 20, 2020 at 3:23 PM

Hi Jonathan,

I wanted to touch base before the grades are posted to let you know that unfortunately you did not achieve a passing grade in the roation due to you failing the written exam.

Stefano Di Concetto

**Jonathan Rivera-pierola** <jonariv@ostatemail.okstate.edu>  
 To: "Di Concetto, Stefano" <sdiconc@okstate.edu>

Mon, Apr 20, 2020 at 5:32 PM

Hello Dr. Di,

I just read your email and I am left without words. I studied so hard for this course, reviewing all the concepts I could to make sure that I had grasp them properly. Sending you my questions to go over the things that I was unsure about and asking you for your feedback along the way. Please tell me what concepts I missed on the exam because I thought that I had done well. I know that I missed the final two questions due to time restraints but by no means did I think I failed it. I have worked all of my life to get to this point. I have three months left of school to complete my veterinary medicine degree, is there anything that I can do to change this failing grade. If I fail this course I can no longer continue my studies. This would devastate me and my family both mentally and financially. I have devoted the last 12 years of my life to this and I'm willing to do anything at this point to finish these last three months and start my life as a veterinarian.

Regards,  
 Jonathan Rivera-Pierola

On Apr 20, 2020, at 3:23 PM, Di Concetto, Stefano <sdiconc@okstate.edu> wrote:

[Quoted text hidden]

**Di Concetto, Stefano** <sdiconc@okstate.edu>  
 To: "Rivera-Pierola, Jonathan" <jonariv@okstate.edu>

Mon, Apr 20, 2020 at 7:04 PM

Hello Jonathan,

I am sorry, I am sure it was hard. I thought I'd tell you before you saw the grades posted. I can have a look at your quiz in detail and we can go over what you did wrong. I am afraid I have no control over your situation outside of the anesthesia roation tho. That is something that needs to be discussed at a CVM level.

SD

**From:** Jonathan Rivera-pierola <jonariv@ostatemail.okstate.edu>  
**Sent:** Monday, April 20, 2020 4:32 PM



4/24/2020

Oklahoma State University Mail - Anesthesia rotation

**To:** Di Concelotto, Stefano <sdiconc@okstate.edu>  
**Subject:** Re: Anesthesia rotation

[Quoted text hidden]

**Jonathan Rivera-pierola** <jonariv@ostatemail.okstate.edu>  
To: "Di Concelotto, Stefano" <sdiconc@okstate.edu>

Tue, Apr 21, 2020 at 1:20 AM

Hello Dr. Di,

Thank you for your prompt reply.

I greatly appreciate your offer to go over the exam with me. Anesthesia is a very important subject to me and I would like to correct any mistakes I made for the benefit of my career. I appreciate your time, please let me know when you are available.

Best Regards,  
Jonathan Rivera-Pierola

On Apr 20, 2020, at 7:04 PM, Di Concelotto, Stefano <sdiconc@okstate.edu> wrote:

[Quoted text hidden]

Plaintiff 063

**From:** Di Concetto, Stefano on behalf of Di Concetto, Stefano <sdiconc@okstate.edu>  
**Sent:** Tuesday, April 21, 2020 11:07 AM CDT  
**To:** Gilmour, Margi <margi.gilmour@okstate.edu>  
**CC:** Risco, Carlos A <carlos.risco@okstate.edu>; Kershaw, Lucinda <lucinda.kershaw@okstate.edu>  
**Subject:** Re: Jonathan Rivera

He failed the quiz pretty badly. If they don't get at least 70% in each of the two components that are assessed, they fail the rotation. This has been the rule in the old syllabus and all the students in the 2019-2020 year have been treated according to this. It is stated in red on the top of the grading sheet.

Those who failed the clinical part and passed the written exam were given the choice to retain the grades from the written exam or to retake it when they repeated the rotation. Those who failed the written exam clearly retook it when they repeated the rotation.

The written exam is what truly captures their knowledge base more objectively. However, in this case, it may be argued that the complete lack of hands on opportunities and of the chance to apply theoretical knowledge to clinical scenarios, and consolidate theoretical knowledge from monitoring and observing live animals under anesthesia might have contributed to a suboptimal performance. That is why I would be open to making him retake the rotation when we are back to the in-person option, so he can be assessed on the full spectrum of activities and will have time to re-study for the exam.

If making him come back in person is not an option and the school decides to give him another chance, it may be discussed to make him repeat the online rotation and retake the quiz.

I agreed to go over the failed questions with Jonathan and give him more details about which areas were the weakest.

Lucy, should something like this happen again, I think it would be better to put D as a letter grade, following the rule that getting < 70% in one of the two sections means results in a failing grade.

SD

---

**From:** Gilmour, Margi <margi.gilmour@okstate.edu>  
**Sent:** Tuesday, April 21, 2020 9:48 AM  
**To:** Di Concetto, Stefano <sdiconc@okstate.edu>  
**Cc:** Risco, Carlos A <carlos.risco@okstate.edu>; Kershaw, Lucinda <lucinda.kershaw@okstate.edu>  
**Subject:** RE: Jonathan Rivera

Hi Stefano,

It looks like from your email below and Jonathan's that he failed the rotation however, the grade sheet Lucy sent me says his overall grade is a C. Can you please clarify what Jonathan's final grade is for the Anesthesia rotation?

M.

**From:** Di Concetto, Stefano <sdiconc@okstate.edu>  
**Sent:** Monday, April 20, 2020 5:39 PM  
**To:** Gilmour, Margi <margi.gilmour@okstate.edu>  
**Subject:** Re: Jonathan Rivera

It was not a matter of softening things or making exceptions but a way to prepare myself for what you will read below - Jonathan's expected reply to my notification about his failing grade.

Given the abnormal nature of the rotation, to me it would make sense to allow someone to repeat it once the circumstances are normalized, especially when, in his case, failing this unconventional rotation results in being dismissed from the program. And if the circumstances don't become normal soon enough, I think he should be at least allowed to retake the written quiz, with the agreement that if he fails it there will be no other chances.

SD

Hello Dr. Di,

I just read your email and I am left without words. I studied so hard for this course, reviewing all the concepts I could to make sure that I had grasp them properly. Sending you my questions to go over the things that I was unsure about and asking you for your feedback along the way. Please tell me what concepts I missed on the exam because I thought that I had done well. I know that I missed the final two questions due to time restraints but by no means did I think I failed it.

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Regards,



Jonathan Rivera-Pierola

**From:** Gilmour, Margi <[margi.gilmour@okstate.edu](mailto:margi.gilmour@okstate.edu)>  
**Sent:** Friday, April 17, 2020 5:12 PM  
**To:** Di Concello, Stefano <[sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)>  
**Subject:** RE: Jonathan Rivera

Hello Stefano,

My suggestion is to evaluate Jonathan according to your revised (COVID-19) syllabus and as the other students were evaluated. You do not need to alter, soften or make any exceptions.

Margi

**From:** Di Concello, Stefano <[sdiconc@okstate.edu](mailto:sdiconc@okstate.edu)>  
**Sent:** Friday, April 17, 2020 2:23 PM  
**To:** Gilmour, Margi <[margi.gilmour@okstate.edu](mailto:margi.gilmour@okstate.edu)>  
**Cc:** Naff, Adam <[adam.naff@okstate.edu](mailto:adam.naff@okstate.edu)>; Kershaw, Lucinda <[ucinda.kershaw@okstate.edu](mailto:ucinda.kershaw@okstate.edu)>  
**Subject:** Jonathan Rivera

|                               | Possible Points | John Rivera |
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SD

Jonathan Rivera

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